SEP 13 '48

610.5
A45
A51

JOURNAL
of the
Association of American Medical Colleges

Volume 23 **SEPTEMBER, 1948** **Number 5**

CONTENTS

The United States Army Medical Corps and Medical Education *George E. Armstrong* 289
Objectives of Curriculum Construction in Teaching Nutrition to Graduate Medical Students. *Alfaretta C. Johnson, M.S.*..... 297
A Student-Constructed Model for the Study of Neuroanatomy *Dorothy Neuhof Naiman* and *Beatrice G. Konheim*..... 303
Psychiatric Liaison Work: A Twelve Year Survey *Harriot Hunter* 305
The Child Psychiatric Clinic in Undergraduate Medical Training. *Dorothy E. Donley-Dowd* 313
The Hippocratic Oath in Modern Dress. *Maurice Levine*..... 317
Relationship of Social Medicine to the Social Sciences. *Milton I. Roemer* 324
Medical Film Institute of the Association of American Medical Colleges 330
Program of Fifty-ninth Annual Meeting..... 331
Editorials 333
College News 337
General News 348
Book News 349

Published bimonthly, January, March, May, July, September and November, at 5 South Wabash Avenue, Chicago 3, Illinois, by the Association of American Medical Colleges. Subscription price $4.00 per year. Single copies, $1.00.

Entered as second class matter January 17, 1930, at the Post Office at Chicago, Illinois, under the Act of March 3, 1879.

(Continuing the Bulletin of the Association of American Medical Colleges)

Chas. R. and Hugh O'Malley, Advertising Representatives, 221 North La Salle Street, Chicago 1, Ill.

Just Published...New (5th) Edition

Maximow and Bloom's
TEXTBOOK OF HISTOLOGY

See SAUNDERS ADVERTISEMENT—*just inside*

Association of
American Medical Colleges

Fifty-ninth Annual Meeting

White Sulphur Springs, West Virginia

November 8, 9 and 10, 1948

Hotel Greenbrier

JOURNAL
OF THE
Association *of* American Medical Colleges

Vol. 23 No. 5 FRED C. ZAPFFE, Editor September, 1948

The United States Army Medical Corps and Medical Education*

GEORGE E. ARMSTRONG
Brigadier General, Deputy Surgeon General, U. S. Army
Washington, D. C.

1. INTRODUCTION:

First, I should like to state that the Surgeon General of the Army was highly pleased with the report given him by his representatives at your Annual Convention held last Fall in Sun Valley. He was equally pleased, as a result of a resolution passed at that convention, to receive your kind letter inviting him to nominate a liaison officer to attend the meetings of your Executive Council. I come to you as that representative and propose to give you as briefly as possible a statement of the progress of the Army Medical Department training program and a brief summation of some of our more important future plans.

2. OUR INTERN PROGRAM:

A total of 332 applications representing 53 medical schools were received for Army internships to begin on July 1, 1948. Before decisions were made regarding applications to be accepted, the records of the 332 applicants were studied in the Office of your Executive Secretary. I should like to state that the information thus gained was most valuable to us and could not have been obtained from any other source. We appreciate Dr. Zapffe's kindness and cooperation. After the final screening, 110 of the applications were rejected because of low academic standings, 36 because of other reasons, and 186 were offered Army internships, all the latter being in the upper or middle thirds of their respective classes. Of the 186 who were offered internships, 121 were offered the hospital of first choice, 23 the hospital of second choice, 14 the hospital of third choice, and 28, hospitals other than those requested. Of the 186 internships, 107 accepted and are being assigned as follows:

Brooks General Hospital, Fort Sam Houston, Texas	24
Fitzsimons General Hospital, Denver, Colorado	20
Letterman General Hospital, San Francisco, California	23
Oliver General Hospital, Augusta, Georgia	14
Walter Reed General Hospital, Washington, D. C.	26

*Statement made to the Executive Council of the Association of American Medical Colleges at the Regular Quarterly Meeting held in Chicago on February 6, 1948.

I might add that although the 107 represents a figure of 13 less than the absolute minimum which we desired, no attempt was made to try and obtain acceptance from any of those rejected in our original screening. I have the breakdown of those who accepted Army internships by school in case any individual wishes such information.

3. THE ARMY RESIDENCY PROGRAM:

You will recall that for the first time in the history of the Army Medical Department, a residency training program was initiated on January 1, 1947, in eight of our named general hospitals in the United States. Assigned as active participants in the original program were some 275 Regular Army medical officers and bona fide applicants for the Regular Army, many of whom because of prior training entered the program as residents and senior residents. To strengthen the assigned teaching personnel, some 300 of our leading civilian consultants were invited to participate as attending staff officers. A critical review by specially selected civilian committees in the fall of 1947 resulted in our phasing out the training program in three hospitals, leaving us five teaching hospitals in the States and one overseas hospital, Gorgas, in Panama, where a program was initiated on January 1 of this year. In these six hospitals, in 18 specialty fields, we have a total of 77 programs capable of accommodating a total of 339 residents. Of the 77 programs, 47 have permanent approval, 12 have temporary approval, and 14 have been recommended by the Council to the appropriate specialty boards, leaving but four to achieve semi-permanent status.

Among the five teaching hospitals in the States, each is receiving splendid support from the medical schools in the vicinity and in most instances advantages are being taken of the Army hospitals to in some way strengthen the teaching program of the specific schools involved. Based on the reports of our civilian confreres who are in close touch with these hospitals, we believe that we are attaining teaching standards which are second only to the programs in your university teaching hospitals. We should like to go on record as expressing our deep appreciation for the splendid cooperation which has been extended to us by the Council on Medical Education and Hospitals of the American Medical Association, by the officers of the various American Specialty Boards and by the Deans of those medical schools in the proximity of our teaching hospitals. I will avoid mentioning individual names, as the list is far too long, much as I would like to do so. I might add that during the past few months 42 officers of the Regular Army Medical Corps have been certified by the American Boards as a result of our training program. (You will be reminded that many of our senior residents had sufficient practice in their particular specialties prior to entering the program to enable them to take their board examinations sooner than senior residents would normally be permitted to do so.) Of the 42, internal medicine leads with a total of 17, and a total of 14 specialties are represented in the total number.

4. RESIDENCIES IN CIVILIAN INSTITUTIONS:

As a result of voluntary invitations on the part of various civilian hospitals, a total of 16 Army officers are currently in residency training over and above the Army program just discussed and those participating in training incident to their ROTC assignments. All of these are in well recognized and outstanding teaching hospitals and represent a tremendous contribution to our program especially those involving such fields as children's orthopedics, which is a specialty in which we are unable to train our own personnel.

5. TRAINING FOR GENERAL PRACTICE:

The Army is seriously considering establishing a formal training program for general practice. Tentative plans call for the utilization of those general hospitals not currently participating in the formal residency program mentioned above plus the utilization of larger station hospitals and general dispensaries. We have studied the outline of the training program for general practice as set up by the Colorado University School of Medicine and are very much interested in receiving the comments and proposed training program of any other schools which may be considering the establishment of similar training. Our needs in the service call for approximately one general practitioner to every 2 "specialists."

To give this group the personal satisfaction equivalent to that attained by those fortunate enough to receive formal specialist training we should like to offer them a training program totalling two or possibly three years as a foundation for their careers. It is further believed that such a program would ameliorate the "feeling of inadequacy" which is the complaint of a high percentage of young doctors upon the completion of their internships. At the same time it would go a long way toward achieving the goal so much discussed in recent months, that of elevating the standards of the so-called general practitioner. Dean Middleton of the University of Wisconsin Medical School, currently on active duty with the Army Headquarters in Washington, is assisting us in formulating our plans for this program and is also inpecting various Army hospitals with a view to the eventual implementation of this plan.

6. THE MEDICAL ROTC PROGRAM:

As announced in our last meeting, the Army has 43 medical ROTC Units currently in operation. Almost without exception the reports from these units have been universally favorable. It is believed that prior to the opening of classes in the Fall of 1948, fifteen (15) additional medical ROTC units will have been activated. The only reason that the announcements relative to these new units cannot be announced as firm rests in the fact that we may not know until the latter part of the present session of Congress whether or not sufficient funds will be appropriated to carry on these units. I might add that in the same status as these 15 new medical units we are contemplating the opening of 19 Dental ROTC Units, 6 Veterinary Units, and 4 Pharmacy Units.

I might add that from the overall view of the Army representatives participating in the ROTC program the reports coming from the Army instructors are to the effect that the professional training being received at the participating schools is universally of the highest order. It must be remembered that these 43 (possibly 58 by the Fall of 1948) individuals who are participating in this program adds a not inconsiderable number to the Regular Army medical officers currently receiving residency training or its equivalent. To recapitulate, with 339 residents in Army programs, 16 in civilian institutions, plus 58 receiving training incident to their ROTC assignments, brings our total current residency capacity to 413.

7. THE ARMY OVERSEAS TRAINING PROGRAM:

After a careful survey of our Army overseas hospitals, particularly those in Europe by a committee of the American Medical Association (composed of Drs. Irons, Henderson and Sensenich) and individual Army consultants (Drs. Ebaugh, Ewarts, Wright and Horgan) it was decided that some sort of a training program, particularly for the "limited practice" phase required by the American Boards between formal training and the Board examinations should be instituted in Europe. We have recently gone out to all civilian residents offering advanced training in the various specialists' fields in these overseas hospitals. I am sure that most of you have seen this announcement and I should like to take this opportunity of correcting one statement in this release. The sentence, "these hospitals are registered with the American Medical Association" should read "these hospitals are in the process of being registered with the American Medical Association."

In order to insure that this "limited practice" will be acceptable to the various specialty boards, teams of consultants composed uniformly of one member of the American Boards of Surgery, Internal Medicine, and Neuropsychiatry, will proceed by air to the European Theater each month and visit each hospital participating in the program, remaining with each on an average of three days, thus insuring adequate stimulation and supervision of the program. The first team in this program is now in Europe and is composed of Dr. George B. Finney and Dr. Walter B. Martin of Johns Hopkins, and Colonel Beverley Smith, one of the Army's Board certified neuropsychiatrists. Representatives of the other specialties will accompany these basic teams from time to time but will not be sent regularly each month as will the members of the three basic specialties. Some of the Boards have already given their approval to this plan.

8. THE ARMY COURSE IN NUCLEAR PHYSICS:

Since the inauguration of the five day course on the medical aspects of nuclear energy at the Army Medical Department Research and Graduate School in Washington, D. C., a total of seven courses have been given. The total attendance to date has been 538, of which number 404 have been from the three Armed Services; 41 from the Public Health Service; 56 from the Veterans Administration; 6 from the Atomic Energy Commission; 4 from the Royal Army

Medical Corps and 27 came from 22 medical schools as a result of the invitation extended to you at Sun Valley last Fall. In addition to the 22 schools which have already sent representatives, 12 additional schools have signified their intention of sending representatives to the February course. I should like to express our appreciation of your participation in this program and trust that the reports which have been brought back to your schools have been favorable. I should like also, to call your attention to the fact that we have at each session made definite and sincere requests for constructive criticism from all participants.

9. THE PROGRESS OF THE ARMY BASIC SCIENCE COURSE:

You will all recall Colonel Moursund's paper at Sun Valley in which he described in some detail the new approach envisaged by the Army to the teaching of a course in basic sciences. This course, which took many months of intensive work prior to its opening, was initiated shortly after the first of the year at the Army Medical Department Research and Graduate School. The senior instructors are 55 men who were especially selected from teaching institutions in this country and Canada and represent the acknowledged leaders in their particular fields. To date we have had a report on but the first quarter of this rather ambitious and quite expensive experiment in the field of medical teaching. The comments of the students who make up this initial class and the instructors who have participated to date have been without exception most favorable. The chief, and in fact only apparent criticism is the concentration of the material being taught and it is contemplated that the next course will be lengthened from 16 to 20 weeks, thus allowing more time away from formal instruction to permit the students more time for study and the digestion of the subjects. For the information of those schools whose deans or other representatives have not visited the course, the entire program is being sound photographed and all didactic instruction is being mimeographed. Rather than taking additional time for detailed discussion of this course we invite outside discussion with those individuals interested in obtaining additional information.

10. THE MEDICAL INSTRUCTIONAL FILM PROGRAM:

Some time ago, at no inconsiderable cost, and utilizing in a consultant capacity the best available instructional talent, a rather ambitious program of medical educational films was launched in August of 1946 and I am sure is familiar to all of you. Since its inauguration, films have been loaned to more than 2,500 members of the medical profession, medical schools, medical societies, and hospitals and allied scientific groups. More than half of the accredited medical schools have borrowed films under this program.

Many of the schools have expressed desires to purchase copies of these films. Action has been taken on this matter and it is expected that such copies will be made available for sale to medical schools on or about March 31, 1948. You will receive specific information on this matter at a later date.

11. THE AFFILIATED UNIT PROGRAM:

Since our discussion of this program last Fall, a total of 16 civilian medical institutions have formally indicated their desire to participate in the program and

affiliation agreements have been completed with these institutions. In addition 42 of the institutions contacted are currently in the final contractual phase. Of the total number, 11 are in conjunction with medical schools.

You will receive from your Executive Secretary the answer from the Surgeon General as a result of a resolution passed at Sun Valley regarding the affiliated unit program. I can assure you that the resolution received the utmost study and consideration and the Surgeon General's answer represents the nearest approach which we could make to your desires in this matter.

I should like to add but one additional word regarding the affiliated unit program. In view of the general interest being taken throughout the country in "catastrophe plans," the affiliated units take on a much more important and vital aspect than visualized merely in their possible utilization in the event of another world conflict.

12. THE COMMITTEE ON MEDICAL AND HOSPITAL SERVICES OF THE ARMED FORCES:

For your information I should like to mention the fact that on January 4, the Secretary of Defense named a four man committee headed by Dr. Paul R. Hawley and comprising in addition, the Surgeons General of the Army and the Navy and the Chief Surgeon of the Department of Air, to make a thorough study of how best to integrate the various medical services of the Armed Forces with a view to insuring maximum utilization of services with the ultimate purpose of saving funds, materiel, and personnel. The scope of the efforts of this committee is tremendous and will take a considerable period of time for the completion of its study. The final recommendations will not be announced until they have been finally approved by the Secretary.

13. THE ARMY MEDICAL DEPARTMENT PROCUREMENT PROGRAM FOR DOCTORS:

The situation with regard to the Army Medical Department's potential shortage of doctors has been expounded so often that it hardly needs elaboration to you gentlemen. The cold facts are that we are faced with having 1,100 doctors in 1950 to do the work of approximately 5,000. Our integration program for the years 1946 and 1947 netted us 374 medical officers. It is true that we emphasized quality in our selection; but even at that, out of the 55,000 doctors who served as medical officers during World War II, only 827 applied for commissions in the Regular Army. In two years, the gains from integration have just about balanced the losses for all reasons.

In analyzing what the Army must have to interest young medical graduates, the one outstanding factor is *approved training*. Young doctors today are going to get residency training in one way or another. As mentioned before, we have just finished our first year's attempt at providing formal residency training and it has been rather firmly established that our present facilities can allow approximately 130 individuals to enter our program each year. Our goal is the procurement of 1,800 Regular Army medical officers in the next two years; 1,500 of them will require and demand residency training. With this reason-

ing, the only method of obtaining sufficient training and, incidentally, sufficient doctors is a program to provide extensive integration with civilian training.

Our program can be described, briefly, in three steps:

STEP 1—Commission into the Regular Army in 1948, and again in 1949, 300 residents (50 senior residents, 100 residents and 150 assistant residents) in civilian hospitals, put them on active duty, pay and allow them to continue in their civilian residencies. The assistant residents and residents would be allowed to compete in normal civilian manner for the next year and would be allowed to accept a second year of training. The candidates unsuccessful for further training would go on a duty status in their specialties in Army medical installations. During their period of residency these men would be drawing Army pay (1st Lieut. or Captain). The hospitals should withdraw the normal civilian stipend and may also charge them for subsistence and laundry.

STEP 2—Commission into the Reserve Corps in 1948, and again in 1949, 300 interns, put them on active duty and allow them to continue in their civilian internships. These interns would be required to accept a commission in the Regular Army at the end of their intern year. They would be allowed to compete for and accept residencies in civilian and Army hospitals. The interns who do not desire residency training or who are unsuccessful in obtaining the same would go on duty status in an Army installation.

STEP 3—As stated before, the Army can accommodate 130 new young doctors into its residency program each year. For the next two years we need 130 additional assistant residencies in which to place successful competitors from approximately 500 whom we will procure for the specific purpose of competing for these 260 residencies. These 500 doctors must be required to agree to serve on duty status one year in the service for the privilege of competing for these 260 residencies. Without solicitation, 16 positions in residency programs in civilian hospitals as previously brought out have already been offered to the Medical Department; more than half of them since this discussion began, less than a month ago.

This program offers as an inducement the pay of an Army officer during his postgraduate training which is, in general, much more than his pay as a civilian resident and intern. We do not consider this plan unfairly competitive with civilian hospitals. We have only one source of doctors and that is the graduates of the American Medical Colleges. It is the obligation of the American medical profession to provide doctors for its Armed Forces.

The program I have outlined applies only to Regular Army. In addition, we will require, for a period of several years, approximately 2,000 doctors on a volunteer status. We propose to obtain these doctors by advertising specific jobs for periods of one or two years. In this way we expect to interest the many young doctors who intend to continue their residency training one or two years later, but who do not desire to set up their practices until their training is complete. Our plan in this regard has already been described.

The requirements by specialty for both the resident commissioning program and the civilian residencies required have been determined. They have been carefully integrated with our own training program so there will be no excesses in our overall requirement. I have here some copies of all specific programs which you may have if you desire.

14. SUMMATION:

I have more than utilized my allotted time. For this, I apologize. I can only say that I desired to cover the various fields which I have touched upon in order to emphasize to you gentlemen the fact that we are enthusiastically embarked upon what we believe to be a sound professional program for the Army medical service and one which is quite revolutionary in concept from that held a few years ago in the military establishment.

Finally, we will appreciate your comments personally during our stay in Chicago or by letter upon your return to your respective posts of duty. We are particularly interested in having your comments on (a) the merits of the two year as opposed to the conventional one year intern program; (b) the program for general practice; (c) your comments, either personally or as reflected by the opinions expressed by your representatives, regarding our basic science course and the course on the medical aspects of nuclear energy; (d) your comments regarding our procurement program; and finally, any suggestions or advice on any other phase of our overall program.

I wish to thank you for this opportunity of discussing our problems.

Objectives of Curriculum Construction in Teaching Nutrition to Graduate Medical Students

ALFARETTA C. JOHNSON, M.S.
Nutrition Consultant and Food Clinic Dietitian
College of Medical Evangelists
Los Angeles, California

Within the last decade, more attention has been focused on nutrition in the medical school than in any period of its history. This has resulted from an awareness of its implications in clinical practice, from a demand by a more or less enlightened public, and from the scientific studies which give body and meaning to the dietetic concepts. The teaching of nutrition and dietetics has been integrated into the courses in medicine, surgery, pediatrics and therapeutics. In the graduate school, particular attention is paid to the nutrition of the patient with the aim that any dietary instruction resulting will lead the patient to a self directed and disciplined experience in the desired nutrition experience. Nutrition will, thus, contribute to a maximum.

To bring to the graduate school student studying nutrition a full concept of the objectives of the course, certain basic assumptions, guiding principles, desirable experiences and anticipated outcomes applicable to their nutrition experience are here set forth. The situations in which the student finds himself should approximate life and, if possible, be life problems rather than purely theoretical and unreal situations. The first objective of curriculum construction is planning for a course of study that is appropriate to life.

The second feature is outlining the objectives, anticipated outcomes and achievements. These include skills, knowledge, appreciations, thinkings and concepts in all areas of learning which apply to the ultimate and toward which the professional course is directed rather than just the immediate subject under consideration. The objectives are subject to change as the need or demands of the individual or the institution changes its function to society. The subject matter is organized to meet the objectives which are really significant in life-like activities and in meeting life problems and needs, or, which are necessary for understanding something else that is operative in the forces which make nutrition a directional force in health and well being.

Certain tools are needed for learning specific habits, gathering knowledge which will reorganize emotional behavior patterns. A change of attitude is necessary for a change of ideas. Each teaching and learning unit or technique will offer many objectives besides mere information. Through a series of planned experiences, through various testing instruments, the student will be measured in his achievements.

Institutional objectives are:

1. To provide instruction which will satisfy educational requirements of professional groups concerned in the enriched and purposeful experiences of the student.

2. To provide socialized, integrated instruction which is correlated with the various departments in the institution.

3. To provide environmental facilities, laboratory equipment, and subjects for the expression of nutrition patterns which approximate lifelike experiences.

4. To provide enriched, supervised guidance of specific habits and knowledge in the practical application of the science and art of nutrition and/or dietetics.

5. To condition the student to methods of thinking which will develop a critical scientific attitude; ability to interpret problems, facts, principles, in the light of constantly enlarging sources of new information; to see the relationship, meaning and implications in the advancing fund of material under research; ability to apply known facts and principles in solving new problems, formulating new generalizations or explaining new phenomena.

6. To develop skills which is the mastery of techniques, methods and ways of performing. The skills being in the areas of time, energy, materials and behavior problems in patients.

7. To gain knowledge and such information as will be pertinent in the executing and participating in mature adult activities in the medical profession. Ability to recall and use when needed the subject matter which will help change the food habits and reorganize the social attitudes of those whose specific habits warrant education and redirection.

8. To develop appreciation, understandings, sense of importance and value of nutrition and dietetics in behavior, health and well-being. To develop interest and concern in translated health consciousness. To develop desirable attitudes toward learning the subject matter. To develop the ability to see the importance of interpretation of subject matter in immediate and new situations.

9. To assist the student in adjusting himself in an unstable social world.

Individual objectives are:

1. The attitude of inquiry or curiosity.
   (a) The desire to learn which means, and implies, receive instruction, investigate, gain knowledge, acquire skill, get understanding.
   (b) The decision of making present learning progressive and constant.
   (c) The differentiation between present concepts and truth through observation, research and inquiry, and balancing facts in the light of scientific information.
   (d) To reserve judgment until substantiated by evidence.
2. The attitude of initiating or creative self-expression.
   (a) The desire to project one's personality through the area of nutrition.
   (b) The determination to instigate new ideas which reflect the personality profile.
   (c) The satisfaction of having carried to completion some self-initiated plan for attack on previously unsolved lifelike problems.
3. The attitude of participation in contributions to society through self-enrichment.
   (a) The desire to make one's interests, talents, capacities and usefulness add to the ultimate happiness of others.
   (b) The urge to find out the native capacity and unregenerated resources that lie dormant through lack of promotion of interests in life.

(c) The tendency to overcome inertia in thinking because of present status of health, economic limiting factors or social background.
(d) The development of a working philosophy that is consistent with the behavior patterns of the group in which one operates.

4. The attitude of honesty or self-integrity.
   (a) The desire to learn the truth.
   (b) The belief in the value of every human being.
   (c) Willingness to accept responsibility and take the consequences.
5. The attitude of respect for other human beings with their personality.
   (a) The desire to effect changes in one's environment and to be changed by constituted authority leading the students to draw their own concepts of behavior in a given circumstance.
   (b) The disposition to evaluate present experience in respect to the way that others may assist in reaching present and ultimate goals for the group.
   (c) The tendency to admire and appreciate the contributions of others who may be in some respects competitors.
6. The attitude of seeking for objective as well as subjective evidence; critical investigation.
   (a) The tendency to correlate causes and effects, reasons for procedures, and seek plausible explanations for solutions to problems rather than take ideas for their face value.
   (b) The disposition and conditioned tendency to find explanations in the literature for commonly accepted ideas, and give credit to the contributor.
   (c) The discrimination between hypothesis and theory on the one side and fact or proof on the other.
7. The attitude of direct approach or dispatch.
   (a) The inclination to execute the order at the earliest convenience without digression into some side-wise line of work.
   (b) The tendency to realize that accomplishing anything of real moment will take time, and that there may come unpleasant and delayed experiences before one can discharge with dispatch the decisive final movements.
8. The attitude of openmindedness.
   (a) The tendency to seek counsel from those who may be in more authoritative positions.
   (b) The urge to find more than one means of expression for oneself and others in the interpretation of data and the attack of a problem.
   (c) The recognition that while one may produce the longevity of the production is in part due to the intensity of the application and the final quality.
9. The attitude of mental integrity.
   (a) The attitude of purposeful study and problem-solving with real objects will supersede the desire to accumulate facts and collect data regardless of their value in solving the problem at hand.
   (b) The disposition to awareness and conscious application.
   (c) The recognition that there are plateaus of learning.
   (d) The urge to work with subject matter that is constructive and that will set in motion behavior patterns in cooperative social beings that may bring beneficial lifelong effects.
10. The attitude of responsibility.
   (a) The determination to carry part of the world's work.
   (b) The disposition to rely on judgment termed "scientific" rather than biased emotional judgment.

(c) The urge to consider the probable outcome before initiating matters of consequence.
(d) The inclination to develop thoroughness in knowledge, specific habits and skills.

11. The attitude of being able to see general concepts.
(a) The disposition to come to a conclusion even though temporary.
(b) The inclination to correlate observations, experiences and instructions into an organized plan.
(c) The tendency to see how the hypothesis relates to the facts and the generalizations can be modified in specific cases.
(d) The tendency to analyze, contrast and associate experiences and ideas before interpreting them.

12. The attitude of concentration or focus of attention.
(a) The tendency to apply one's self to the problem.
(b) The drive to overcome resistance offered by external forces or delayed application of the necessary factors for the solution.
(c) The desire to give prolonged and sustained effort as a steady factor.

13. The attitude of scientific judgment.
(a) The acceptance and urge to use procedures acceptable in their scientific setting.
(b) The tendency to see what is to be done, investigate the methods of solution, cast aside the undesirable methods, adapt and fortify the feasible methods, counsel and investigate the work of those who could provide supervision and guidance, arrive at a conclusion and carefully weigh or evaluate the probable acceptable answer through objective tests.

14. The attitude of tolerance.
(a) The tendency to permit zones, ranges, variations within normal or standard accepted concepts.
(b) The disposition to be kind, considerate and respectful to other people.
(c) The urge to be consistent.

15. The attitude of conformity to the group.
(a) The tendency to work well with others.
(b) The urge to have unified, mixed, varied, harmonious and concerted group action.
(c) The disposition to change if the group reaction indicates a change in attitudes or understandings.

16. The attitude of divesting emotional judgment from decision making.
(a) The tendency to have and assume impartial attitudes towards work and ideas rather than associate them with some person who might color the acceptance of them.
(b) The disposition to report matters of difference in private conversation.

17. The attitude of respect for one's superiors.
(a) The tendency to see the relative contribution of one's performances, the value of supervision and the need for guidance under skilled leadership.
(b) The willingness to surrender personal dictum, and loyally support a democratic way of life.

18. The attitude of constructive participation in adult activities.
(a) The urge to make nutrition contribute to a maximum in building a stronger nation and individual health.
(b) The disposition to participate even in subordinate positions in life if the contribution is made in a response to a need.

19. The appreciation of art and the mediums through which art is expressed.
20. Appreciation of ethical character.
21. Appreciation of a sense of humor.
22. Appreciation of achievements in mental areas and scholastic realms.
    (a) Recognition of the need for persons who may not be connected with the materials as much as ideas and thoughts, and may bring about changes in materials because of the shifting emphasis on workable concepts.
    (b) The feeling of respect for the achievements of others and recognition of the value of pure science.
23. The appreciation of work well done.
    (a) The desire to be counted a good workman. The desire to bring pleasure other people through exercising percision and skill.
    (b) The urge to fill a need for craftmanship linked with scientific investigations and experimental methods.
24. The appreciation of natural forces and the outside world.
    (a) A disposition to see how man controls nature only in part, but that an orderly system goes through the universe.
    (b) The urge to understand the contribution of nature to man's existence.
25. The appreciation of changing behavior patterns toward food in rehabilitating the patient.
26. The understanding of the social interdependence of all of God's creatures.
27. Understanding the adaptation of creatures to the environment.
28. Understanding the need for controlling the forces that lead to security for the patient, of which food is one of the most important.
29. Understanding the racial, tribunal, geographical, climatic and topographical factors in determining the habits of people and their reaction to food.
30. Understanding the chemical-physical laws that operate in relation to food.
31. Understanding the basic urges that motivate men to do what they do.
32. Understanding the need for a worthwhile use of leisure time.
33. Ability to command the fundamental nutrition processes.
34. Ability to perform certain technical procedures with reasonable accuracy and results.
35. Knowledge that corresponds to a level of professional performance. Skill in ordering diets for individual patients presenting various nutrition problems.

GENERAL PATTERN IN SETTING UP A NUTRITION AND DIETETICS COURSE IN THE CLINICAL INSTRUCTION OF THE GRADUATE SCHOOL COURSE

A group study is made of need of the student for this subject.

Each instructor offering material to the graduate school student will study and present the criteria for his subject and point out the part of the total nutrition picture that his field is best prepared to discuss as a part of an integrated, correlated nutrition minded graduate school program.

Instructors with related subjects work together to suggest which phase, issue, problem or approach each will assume in order to eliminate duplications, or to improve the curriculum.

Each instructor prepares a brief of the material which he will present and sends it to the dean or nutrition curriculum construction chairman.

The objectives of this group study is to be able to present to the group criteria for deciding the following:

(a) Who should teach the various parts of the course?
(b) When should nutrition, metabolism and endocrinology be taught?
(c) What amount of time should be spent on nutrition topics in preceding related courses, and in this concentrated section on nutrition, metabolism and endocrinology?
(d) How the concentrated nutrition course should be taught (method).
(e) Content already offered in preceding sections of the course, additions and supplementations, and what should be taught in the concentrated section on nutrition, metabolism and endocrinology?

The chairman of the section on nutrition curriculum construction will from this data prepare a course outline that takes in the scope of the whole graduate year or course and summarize this into a course outline available to students and teachers:

General Data: Time: Placement: Instructors: Methods: Objectives: Overview: Unit Headings —Content: Evaluations:

GENERAL PATTERN IN SETTING UP A NUTRITION COURSE FOR UNDERGRADUATE STUDENTS OF MEDICINE IN THE SENIOR YEAR

General Data: There is no separate nutrition course for the fourth year student of medicine. Nutrition is introduced into each section as lectures, conferences, demonstrations and case presentations whenever the teaching situation warrants its inclusion or where nutrition contributes to the patients' medical care. Chairmen of the sections give informal discussions and arrange for chiefs and residents to teach specifically designated nutrition topics in the sections: conferences or clinics.

Medicine: Gastrointestinal, cardiac, diabetic, metabolic, thyroid, chest, admitting, diagnostic, arthritis and rheumatoid diseases, peripheral vascular, skin, allergy, contagious diseases, syphilology, neurology including functional headache clinic, and psychiatry.

Surgery: Varicose veins, general surgery, breast clinic, tumor board, proctology, plastic surgery, orthopedics, chiropody, ear, nose, throat, eye, dental and urology.

Pediatrics, obstetrics, gynecology, specialties and miscellaneous services. Therapeutic conference invites nutritionists to discuss pertinent topics.

Time: Hours and Credits. Placement: First, second and third trimesters of senior year. Instructors: Chairman, section chiefs, residents, dietitians, nutritionists. Methods: Lectures, Demonstrations, Audio-Visual Exhibits, Movies, Clinics. Objectives: Institutional and Individual. Introduction and Philosophy: Overview. Content: Clinic Activities: Library facilities; Laboratory facilities; Case situations related to specific section; Formal lectures and conferences on dietetics, foods and nutrition.

Methods of measuring progress or evaluations: Self evaluation is the heart of the learning process. The instructors will utilize a variety of activities to achieve desired outcomes. Group and class discussions. Bedside clinics. Seminars. Calculations. Research and study of techniques. Evaluation of understandings, attitudes, skills, appreciations, and knowledge through oral and written tests.

GENERAL PATTERN FOR SETTING UP THE NUTRITION COURSE FOR THE JUNIOR YEAR— UNDERGRADUATE.

General Data: The junior in the school of medicine comes to the problems of nutrition as he sees it in the patient case situation with a background of biochemistry, nutrition and other related courses taught in the first two years of the medical school. He builds on this background through formal lectures and bedside clinics offered in each section of the junior year. In the various aspects of medicine, surgery, obstetrics, pediatrics, gynecology, public health, miscellaneous and subspecialty clinics he sees patients who need practical nutrition instruction. There is no formal course in applied nutrition; it is introduced however in formal lectures in the various sections and informally in case discussions.

The curriculum construction on nutrition teaching is surveyed and outlined after an appraisal of the whole year's offerings are on hand and organized into a format giving such information as the following:

Hours and Credits. Placement. Instructors. Methods. Objectives: Institutional and Individual. Overview. Unit headings, topics on nutrition or content[1] of courses. Methods of measuring progress of methods of evaluation.

1. Specific example of the type of teaching that is done is discussed in some of the following articles: "Nutrition Education in Dental Schools," J. Dental Education, 5, No. 1 (Oct.), 1940. R. L. White: "The Dietitian as a Teacher of Dental Students," J. Dietetic A., 18: p. 375 (June), 1942. Editorial: The Teaching of Nutrition, J. A. M. A., 133, No. 17, p. 1280 (April 26), 1947; 134, No. 1, p. 23 (May 3, 1947); 134, No. 2, p. 146 (May 10), 1947; 134, No. 3, p. 292 (May 17), 1947.

A Student-Constructed Model for the Study of Neuroanatomy

DOROTHY NEUHOF NAIMAN
BEATRICE G. KONHEIM
Department of Physiology, Health and Hygiene
Hunter College of the City of New York
New York, N. Y.

Students approach neuroanatomy with trepidation which is only too frequently enhanced by their difficulty in translating microscopic structure into gross relationships. While the study of serial sections of spinal cord and brain is invaluable in learning the anatomy of specific levels, the functional relationships and anatomical continuity of the structures identified are elusive without three-dimensional representation. It was to resolve these difficulties that the model described here was devised. It involves an outlay of only about 30 cents and is so simple to construct that each student can make his own and watch the tracts and nuclei appear as he progresses from level to level of the central nervous system. He thus makes concrete the dorsoventral and lateral shifting of fibers and the relations of tracts with various cell groups. He can demonstrate the location of lesions and actually trace the course of degenerating fibers instead of having to perform a mental synthesis for which he is unprepared at the beginning of a course. The construction of such a model in conjunction with gross dissection and study of serial sections enables the student to form a well-integrated concept of the nervous system.

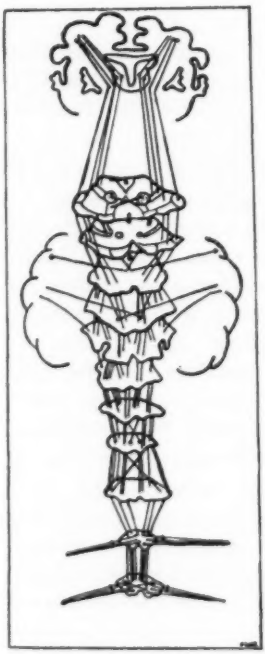

Fig. 1.—Sketch of anterior view of model of nervous system.

The model (Fig. 1) consists of a series of eleven stiff white cardboard sections of the spinal cord and brain (x 7½) inserted by means of pedicles on their middorsal edges into a corrugated cardboard stand (Fig. 2). Each section has outline drawings of major cell groups and tracts through which the student threads colored yarn to represent tracts and to which he cements colored beads to locate cell groups.

Fig. 2.—Detail of posterolateral aspect of model, to show insertion of sections.

The levels represented in the model are:

1. Three of spinal cord: lumbar, thoracic, cervical.

2. Three of medulla oblongata: pyramidal decussation, sensory decussation, 8th nerve nuclei.

3. Two of pons.

4. One of pons-midbrain junction.

5. Two of midbrain: inferior colliculi, superior colliculi.

We have found the following color scheme to be useful in an undergraduate course in that it stresses major functional relationships (Table 1).

TABLE 1.—COLOR SCHEME USED IN CONSTRUCTION OF MODEL.

Group	Color	Structures Represented
A	1	Cortico-spinal and cortico-bulbar fibers; cell groups related to these tracts including the efferent components of cranial nerves innervating skeletal musculature.
	2	Tracts and nuclei of the extra-pyramidal system.
	3	Efferent structures innervating visceral effectors.
B	4	Tracts and nuclei mediating pain and temperature.
	5	Tracts and nuclei mediating touch.
	6	Tracts and nuclei mediating proprioceptive sensations.
	7	Tracts and nuclei associated with the special senses.
	8	Tracts and nuclei concerned with non-sensory impulses from proprioceptive receptors.

To prevent meaningless copying of a prepared model, the student is instructed to select his own specific colors, three from the red end of the spectrum for structures in Group A and five from the blue end for structures in Group B.

The first half of each laboratory period is devoted to study of the microscopic anatomy of a specific region with constant reference to gross anatomy. Plaster models of the brain stem and clay models rapidly constructed by instructor and students are used to clarify the anatomical relationships. In the second half of the laboratory period, the construction of the cardboard model is continued. Several days before a particular laboratory lesson, the student has submitted colored labelled outline diagrams of levels studied in the preceding lesson. He now copies these diagrams, as corrected by the instructor onto the cardboard sections. The sections are inserted into the stand and threaded with matching yarn. (The cerebellar hemispheres and prosencephalic structures are sketched on the cardboard stand so that their connections may be indicated.)

Students have constructed satisfactory models with varying amounts of detail. Superior students have indicated multiple synaptic connections and pathways and the average students have succeeded in portraying the principal relationships. We believe this plasticity of the model to be a distinct advantage. The enthusiasm of the students, their interest in its construction and the deepened understanding of the anatomy of the nervous system which has resulted from its use, have been rewarding.*

*The authors wish to record their appreciation to Marjorie N. Rothschild for her drawings of the model.

Psychiatric Liaison Work: A Twelve Year Survey*

HARRIOT HUNTER
Associate Director, Psychiatric Liaison Department, Colorado Psychopathic Hospital
Denver, Colorado

Psychiatric consultations for patients on general hospital wards are often long delayed and may be inconvenient for a number of obvious reasons. To offset these difficulties in the Colorado General Hospital, at Dr. Franklin Ebaugh's suggestion, the Rockefeller Foundation made funds available to the university in 1934 for the establishment of a Psychiatric Liaison Department. Under the guidance of Dr. Ebaugh and the direction of Dr. Edward G. Billings, this department developed rapidly and subsequently made an outstanding contribution to medical and psychiatric progress throughout the country.

There has been a definite shift of emphasis in medical and psychiatric education during these twelve years which the work of this department reflects accurately. In the literature of 1934, one senses a certain crystallization of ideas which had gradually been gathering concerning the concept of "psychosomatic;" psychiatry was emerging out of its isolation and there was widespread recognition of its importance in medicine. The reports for the National Committee on Psychiatric Education stressed that, "A sharp line should not be drawn between the sphere of the general practitioner and the psychiatrist."

The liaison department was intended to further this idea by making psychiatrists conveniently located and quickly available for consultation. Dr. Billings expressed his thesis as follows: "Since the present day trend of modern medicine is toward a more firm coalescence of the fundamental scientific principles, clinical procedures and teaching method of psychobiology and psychiatry with those of other departments of medical schools, the general hospital is being and will continue to have to be used more and more as a medium of procedure." The department set out to provide liaison between the psychiatrists and the medical staff, to prove the value of a "common sense" psychiatric approach in treatment, to break down some of the barriers between "soma" and "psyche." Dr. Billings stressed the importance of maintaining a calm attitude, demonstrating the value of such a program gradually and effectively without any taint of aggression or "preaching" which might antagonize the already defensive staffs and students. An elaborate and comprehensive program of examination and treatment of patients, graduate and undergraduate teaching, and liaison work with medical students, nurses, interns, residents, visiting staff, patients and their families was outlined by Dr. Billings during the first year and followed, more or less, during subsequent years. The department began with one full time psychiatrist, one psychiatric social worker and a secretary, with a Commonwealth Fund Psychiatric Fellow rotating through the depart-

*From the Psychiatric Liaison Department, Colorado General Hospital, Denver, Colorado. Read before the American Psychiatric Association, May, 1947.

ment as assistant every three months. The offices were in the general hospital, adjacent to the offices of the professor of medicine.

During the twelve years the Psychiatric Liaison Department has been functioning, it has developed from a modest experiment into an essential part of the general hospital and medical school. In summing up this experience at a turning point in the department's career, I would like to consider the work done under four separate headings:

I. Examination, diagnosis and treatment of patients seen by the Psychiatric Liaison Department.

II. Liaison work accomplished in the community and the general hospital.

III. Teaching, graduate and undergraduate.

IV. Research.

I. Examination, diagnosis and treatment of patients seen by the Psychiatric Liaison Department:

From September 1, 1934, to September 1, 1946, the twelve year period under survey, more than 5,000 patients were referred to the liaison department for examination. About one-third of these patients came from the wards and two-thirds from the outpatient clinics; the percentage of patients referred from the outpatient clinics is usually larger and by far the greater number come from the medical service although all clinics and all wards are always represented. The number of patients referred from the wards fluctuates with the personnel on the different services. Due to the limited Psychiatric Liaison Department personnel during these twelve years, the number of patients seen each month in the outpatient clinics was limited and thus fairly constant, although, at times, the waiting period for an appointment was as long as four or five weeks. In general, an average of three patients out of every five seen were accepted for treatment each month; recently, rather than increase the patient load in direct proportion to the number of therapists, we have been able to do much more satisfactory long term treatment and the average number of interviews per patient has gone up.

The type of patients seen in consultation is, perhaps, of interest. The actual diagnostic categories have changed somewhat over this period of years, partly due to the better recognition by the referring physician of the milder neurotic disorders and the psychosomatic conditions, but also to the difference in diagnostic concepts and terminology of the psychiatrists connected with the department. In the first 1,555 adult patients, 33.5 per cent were thought to be psychoneurotic—16.3 per cent disorders of affect, 7.6 per cent organic reactions, 3.8 per cent schizophrenic and paranoid conditions, 2.7 per cent toxic conditions. In the breakdown of the last 1,000 patients seen, 56.1 per cent were thought to be neurotic, anxiety tension state being the most common diagnosis made, and there was a new category of somatic conditions which were thought to be emotionally determined or psychosomatic, and 4.8 per cent fell into this class. Dur-

ing this period 247 children were seen with the first 1,555 adults, and recently, with the last 1,000 adults, a total of 174 children were seen, a somewhat lower percentage.

II. Liaison Work Accomplished in the Community and the General Hospital.

The figures here presented represent certain tangible results. So will the accomplishments to be mentioned later in the field of teaching and research. However, one of the most valuable contributions of the department has been in terms of the changing attitudes among the intern and resident staff in the general hospital and the community as a whole. The congenial cooperation between the personnel of this department and the members of the hospital staff in recent years and the increasing number of referrals since the increase in personnel, is gratifying evidence that the work has been successful. As a consequence, many of the resident staff have been able to follow their own patients on the ward with a new understanding of their problems in the light of the personality of their patients.

"Liaison" work in the general hospital extended throughout all the services and to all the personnel connected with the hospital. During the twelve year period, 60 residents and 180 interns were trained at this hospital, and in view of the rapid and wide acceptance of the department, it is safe to say that all of them had more or less intimate contact with the department at one time or other during their training. The opportunity for such contact was extensive since our program has included, besides regular consultation work, such items as: regular ward rounds on all the services of the general hospital; attendance at medical meetings and seminars; talks with the resident staff on personality problems of medical patients; joint journal clubs, collaboration on research problems, etc.

The easy availability of the Psychiatric Liaison Department personnel, with their offices adjacent to that of the professor of medicine, has made it possible for members of the resident staff to seek advice on any problem connected with patients or their own personal problems with which they need help. Accurate account has never been kept of the almost daily visits made by interns, technicians, nurses, attendants, staff men and particularly medical students for help of this sort. Many of these visits would never have been made to the psychiatrist if his offices had been located in the psychopathic hospital.

Liaison work in the community has always been of primary importance to the department. During the past twelve years, close contact has been maintained with all community agencies, the welfare department, corrective institutions, parent-teachers' groups, churches, courts, and schools by seeing cases in consultation and giving many talks on child guidance, mental hygiene, emotional problems and personality development. Much was accomplished by this type of work in establishing the department's reputation in the community and out in the state and in spreading valuable information concerning mental health to lay groups as well as contributing scientific psychiatric papers to medical groups.

All of the various teaching institutions in the state were visited frequently by members of the staff who gave talks, presented courses or saw patients in consultation. As a result of this type of consultation work at the University of Colorado Student Health Service, a full time psychiatrist is now employed there.

III. Teaching: Undergraduate and Graduate:

When the department was first established in 1934, only one course with the senior class was given by the department. The following year, by popular demand from the students, additional courses were added to the curriculum. By 1940, all classes, including nurses, were instructed in at least one course by some member of the department; the teaching hours assigned to the department increased from 20 in 1934 to 88 in 1940 and have fluctuated somewhat since then. Sample courses were: Psychobiology, Situation Factors in Medicine, Clinical Psychiatry, Medical Psychiatry. During the junior and senior medical clerkships, opportunity has been offered almost every year to do elective work with psychosomatic cases under the supervision of the Psychiatric Liaison Department. Later, other courses were added, the department offering instruction in the psychoneuroses, psychosomatic medicine, psychotherapy, and, more recently, a course in the physiology of emotions.

The national survey of psychiatry in medical education made in 1942 indicates a general trend in all medical schools to increase the hours in the curriculum devoted to psychiatry, and more recently, especial emphasis has been placed on the teaching of "medical psychobiology" in the preclinical years and "psychosomatic medicine" in the clinical years. The Psychiatric Liaison Department was one of the first in the country to be instrumental in offering junior and senior students an opportunity to study the medical patient's personality under joint supervision of both psychiatric and medical staffs. The present course in the physiology of emotions is considered as a basic science in preparation for psychosomatic medicine and is one of the first such courses to be included in any medical school curriculum.

At the present time, in accordance with the expansion program of the Psychiatric Liaison Department and the new curriculum designed by Dean Darley to train students in "Comprehensive Medicine," the following outline of undergraduate teaching is being carried out by the department in spite of still limited personnel. Various academic lectures on psychiatric and psychosomatic topics scattered through the first three years are given by various members of the department and are not included here. The Sophomore course in the Physiology of Emotions has already been mentioned.

During the Junior and Senior years, every attempt has been made to consider psychiatry as a part of general medicine rather than to teach it as a specialty. Psychiatric attitudes are "infiltrated" into ward rounds, seminars, clerkships and lectures no matter what department the student or patient happens to be in. For instance, during his medical clerkships, the junior student sees patients on the medical ward and the senior students see them in the outpatient

department. A staff member of the Liaison Department is on hand several times a week to see these patients with the students, to go on ward rounds with them and the regular medical staff and to sit in on conferences at which general discussion of the patient's medical and personal problems are considered. During his surgical quarter the student has regular sessions with the psychiatrist assigned to the surgical wards, taking part in discussions concerning individual patients as well as general topics such as: The preparation of the surgical patient, the treatment of post-operative deliria, the uncooperative patient, the accident-prone patient, the patient with multiple operations, the hysterical acute abdomen, the neurotic surgical patient, the patient with inoperable carcinoma, etc.

A similar program is carried out in the Gyn-Obstetrical Department with weekly sessions on such subjects as: unwanted pregnancies, illegitimate pregnancies, psychic factors at the menopause, dyspareunia, frigidity, dysmenorrhea, abortions, vomiting of pregnancy. The program in the Pediatrics Department is carried out in collaboration with the Child Guidance Clinic.

In graduate education, this department has always taken a large part in the training program at the Colorado Psychopathic Hospital. Commonwealth Fund fellows in psychiatry routinely rotate through the liaison department for the last six to nine months of the fellowship. At the present time there are four full time men and two part time trainees being given graduate training in the department.

IV. Research:

Soon after the department was established, Dr. Billings and the social worker began on several research problems which resulted in a large amount of published material as well as a tremendous accumulation of unpublished information, statistics and case material. Research investigation lagged during the war years but several projects are now under consideration with the use of the large amount of case material referred to above as well as the current case load on all the hospital wards and in the outpatient departments. Work is being done on personality factors in tuberculosis, rheumatic fever, polio, and epilepsy.

At the present time, we may say that the original purpose of the department in creating a larger interest in and earlier recognition of personality factors in medicine has for the most part been fulfilled. The present outlook for psychiatry appears directed toward treatment of these conditions as well as of the more severe mental illnesses and research into their psychodynamics. With the present increase in financial support and personnel of the liaison department, we expect a continuation of work along these lines.

In medical and psychiatric education, the emphasis has shifted from the development of the specialist to the improvement of the general practitioner. With the widespread recognition that from 40 to 60 per cent of the patients seen in general practice present some form of emotional problem or personality factor in their illness, and the co-existing fact that there are not enough psychiatrists trained in the United States to take care of the present psychiatric need, there

comes the increasing demand on the part of the general practitioner to learn how to deal with these disorders. Medical students, too, are learning more and more about the personality problems of their medical and surgical patients and less about the major psychoses.

A pioneer job in the training of students in the special field of general practice is now being done by Dr. Ward Darley, Dean of the Medical School at the University of Colorado. The contribution of the liaison department in such a project is obvious. Dean Darley expressed his opinion recently that very soon in the future he hopes to have a full time psychiatrist in the liaison department attached to every major service in the medical school hospital to correlate the teaching of psychiatry and comprehensive medicine with all the specialties. His hopes have already been fulfilled partially. Graduate training in psychiatry is being similarly designed to give the trainee in psychiatry much more consistent contact with internal medicine and the basic sciences, with an emphasis on psychodynamics and psychotherapy and a flexible program designed to enable him to get maximum training in a psychosomatic medical department if he so desires.

EVALUATION OF THE PROGRAM

In reviewing the work of this department at our hospital, we are convinced of its success in the past and its value for the future. In considering this method of handling psychiatric teaching and consultations, we must ask, what are the advantage and disadvantages of such a program as compared with the present method in effect in other general hospitals? In general, there are three methods in use at present: (1) Psychiatrists from the psychiatric hospital, which may be only a few feet or a few miles away, see patients in consultation at their own convenience. (2) In some hospitals the department of psychiatry is already situated in the general hospital building as are the psychiatric wards. (3) Patients may receive little or no psychiatric help and personality factors are only considered by accident. Except in the second case, then, which is the situation at several university hospitals, it would seem advantageous to consider the establishment of more "liaison" departments. There are several advantages: First of all, the geographical location makes it more convenient for the medical and psychiatric staffs to keep in close contact with each other. Secondly, the stigma which is apparently attached to a transfer to the "Psycho" ward or hospital is dispensed with. Thirdly, standards of treatment, in general, are raised by the collaboration of the psychiatric and medical staffs. Fourthly, there is ample evidence that in the long run there is considerable financial saving to the hospital with such a service. During the first five years of the Psychiatric Liaison Department, from 1934 to 1939, Dr. Billings showed that improvement in psychiatric consultation and treatment facilities resulted in cutting the average patient stay among the psychiatric patients in the hospital from approximately 28 days to 15 days, the average stay of the non-psychiatric patient. In terms of dollars and cents, this represented about $43 per patient. There was a corresponding drop in the number of unnecessary laboratory and diagnostic

procedures, such as bone x-rays and G. I. series, which were previously much more frequently employed in the case of the psychiatric or "psychosomatic" patient. Lastly, over a period of years, the number and percentage of patients transferred to the psychopathic hospital has slowly and consistently decreased as compared with the number of patients admitted to the general and psychopathic hospitals. This indicates that since the establishment of the liaison department, the general hospital staff has become more willing and able to handle their own psychiatric cases, and the cases referred are seen earlier in their illness and are thus not candidates for admission.

So, we see in tangible terms the advantages of such a department. There are certainly others, more intangible, but just as important. For instance, we cannot underestimate the importance of bringing able men of medicine together no matter what fields they represent, and the cooperation and constant working together of both internist and psychiatrist in the same departments offers unlimited advantages to both, not only in the process of learning themselves, but also in the diagnosis, treatment and disposition of the cases seen together. The interests of each individual doctor are thus not channelled rigidly in the direction of his particular field but are broadened in accordance with the interests of the other. The psychiatrist, whereas he once may have been an object of ridicule and fun-poking when he appeared on the medical ward, especially if he had a stethoscope in his pocket, now finds himself and his colleagues in the department most welcome and even sought after. The fact that a psychiatrist is no stranger on the wards quickly impresses not only the department heads, the visiting and resident staffs, but also the nursing personnel. They take a greater interest in the patient as a human being and sometimes recognize a personality problem more readily than the doctors do.

There are certain disadvantages and failures. Even after twelve years, on July first, when a new crop of interns and residents appear at the general hospital, the referrals from the wards drop off. It takes several months for many of these men to absorb the fact of a liaison department and begin to understand its purposes. This is strong evidence that the medical schools are not doing their job in helping students to be aware of personality factors. There is still the problem, universal as it is, of the "stigma" attached to the "psycho" patient. It is often difficult to persuade the admission officer to admit a severe neurotic to the medical ward even for legitimate medical reasons. It is just as difficult with many residents to persuade them to keep a patient a week or so for treatment once a psychiatric diagnosis has been made, even in some cases of primarily organic conditions in which emotional factors are prominent or there is a coincidental neurosis. Nurses often feel it is an imposition to have to put on kid gloves for certain patients because they are being seen by the liaison department; they believe that additional nursing care above and beyond the call of duty is necessary in some of these cases and that nurses without psychiatric training should not be held responsible. Attitudes similar to this are prevalent but fairly

easily dispelled by patient educational work. The disadvantage most difficult to overcome is that of keeping a psychiatric patient in the hospital when he should not be a bed patient. The activity program during convalescence in a general hospital is usually at a low ebb; patients not only get bored but they may become sick again in order to justify their prolonged stay. A proper treatment program for such patients must include adequate occupational therapy.

The failures of this department are partially the failures of psychiatry as a whole, but may also be considered as failures of medicine in general. The treatment of the patient as a whole is the job of comprehensive medicine in an all inclusive sense; although a liaison department can certainly contribute considerably to a more well rounded program of patient care, the psychiatrists are still often in the position of being on the outside looking in, and of wanting to "prove" something to medicine. This attitude will continue until psychiatry is accepted and accepts itself as an integral part of a more comprehensive whole in the program of a general hospital.

To summarize: The Psychiatric Liaison Department in the general hospital can contribute greatly to the better care of the patient, the improvement of training of general practitioners and the teaching of graduate and undergraduate psychiatry. It can also contribute to the community mental hygiene program in the prevention and treatment of personality problems among the personnel of a large university.

The Child Psychiatric Clinic in Undergraduate Medical Training

DOROTHY E. DONLEY-DOWD
Assistant Professor of Psychiatry, Director of the Child Center,
Department of Psychology and Psychiatry, Catholic University
Washington, D. C.

The purpose of this communication is to draw the attention of educators in medical schools to the Child Psychiatric Clinic[1] as a resource for teaching the meaning of human behavior. The need for making the physician aware of the meaning of the behavior of the patient as a whole is obvious. Dr. Adolf Meyer called attention to the responsibility of psychiatrists in this regard when he said, in his inimitable way, "I take it to be one of the important tasks of my life to make sure that students and physicians, and the public, can, more quickly than I did, get a natural sense—to know when and how these human problems come up which even today are largely dodged by medical and general training but which may complicate and undo many a good start in human health and success. . . .[2] Didactic psychoanalysis for all medical students has its serious advocates but, ignoring all other objections, it is not practical. The "Personality Study"[3] of the psychobiological school is "designed to give you a better understanding of yourself in the light of your past," but many of us can attest to unconvincing experience with this discipline.

> "Tell me, good Brutus, can you see your face?" "No, Cassius, for the eye sees not itself but by reflection, by some other thing."[4]

The Child Psychiatric Clinic functions through the development and growth of specific attitudes, and through skill in applying these attitudes. The first principle from which these attitudes develop is that the child and his parents constitute a closed system, and change in one necessitates modification of the others. Secondly, the child is a human being fundamentally equal to the adult, even though his potentialities are not fully developed. Thirdly, the child cannot be changed positively against his will but "can be helped to help himself."[5] Lastly, no one ever "observes" a child or a therapeutic session. He has to be part of it.

One Child Psychiatric Clinic[6], with a staff of one psychiatrist, two social workers and two psychologists, has been able to train yearly four social work students (in their second year of professional training), and two clinical psychologists; at the same time, it supplied to approximately 200 children and their parents, diagnosis and psychotherapy for behavior difficulties. In this Child Psychiatric Clinic, parents, though they may have been directed thereto by

teachers, neighbors, court and friends, even taxi drivers, are not accepted unless they have advised with the child's pediatrician or family doctor, who must take responsibility for the referral. The referring physician's greatest activity is in the diagnostic study where his is the responsibility for the somatic part of the work. However, at the completion of the study the parent is asked to notify the referring physician and arrange the most convenient form of communication with the clinic's psychiatrist. This procedure is to stress the fundamental primacy of parental responsibility. Inasmuch as words too frequently are idle, lengthy written reports have been supplanted by notes to the referring doctor to acknowledge referral. Otherwise, direct or phone conversations are preferred or the attendance occasionally of the family doctor or pediatrician at the clinic staff conference. It is essential to the success of treatment that the services not be free. Every parent must contract to pay a fee determined on the basis of income. Experience has led us to use a dollar per thousand a year of the parental income per visit.

It is in this atmosphere of practical medical ethics that non-medical professional students are trained. The social work student, for example, spends approximately twenty hours per week for eighteen weeks. After from four to six supervised "initial interview" contacts, wherein he secures from parents statements of the complaint and its setting and gives to the parents an introduction to the functions of the clinic, he "graduates" to therapeutic contacts. Since every case seen for treatment involves simultaneous visits of one or both parents and the child, there has to be two therapists. Conferences between the therapists are part of the treatment. It has not been found destructive to the quality of the work to make these treatment conferences educational ones in which the more experienced therapist shares his interpretations with the less experienced. Formerly the student worked with the parent, and the psychiatrist with the child. This led to difficulties because the student, being limited in therapeutic experience with children himself, was not able to handle the anxiety or resentment that parents feel when an outsider is doing something with or to their child that they know nothing about. Now, the student is given an opportunity to work with children as soon as possible, and is prepared for contacts with children by the reading of authentic case records. It is a challenging observation that many young adults of today, whether they be parents or students, are as afraid of relationship with children as they are of direct self knowledge.

Adaptation of certain aspects of the training program of the student social worker to fit the needs of the medical student presents no insurmountable difficulties. Study of the role of the social work student-supervisor and the technique of written evaluation of the student affords medical educators valuable suggestions.[7] Third and fourth year medical students should be at ease in the environment even though the pace of such a clinic be different from an average outpatient department. Patients' treatment appointments are for fifty minutes.

Shorter periods would allow greater number of patients to be seen but more patients would seriously limit the conference time without which the members of the group lose touch with each other and group relationship suffers. The overwhelming demand for service makes for careful planning of distribution of time. A team of one psychiatrist, one psychologist and three social workers should be able to supervise four junior or senior medical students for six week periods. If a medical student could "carry" to completion one treatment case with a child and one treatment case in which he is assigned to the parents, he would have had enough clinical experience to learn much of himself, of human behavior and of the mysteries of psychotherapy. The actual time to accomplish this is on the average 24 hours with the patients and 24 hours for conference and reading.

Such a training program should be the direct responsibility of the child psychiatrist who in turn should furnish to the dean or the department head an evaluation of the student's work in a fashion similar to that done for social work students by the social work supervisor, a procedure which lends motivation to student and supervisor. The fitness of the child psychiatrist who is to be responsible for this program, should be judged by his ability to work in cooperation with his own staff first, then with advisors from all other interested areas, specifically parents, physicians and representatives of the school, the church and the law.

Whether the clinic be part of a teaching hospital or a separate community organization is less important than the fact that the staff of such a clinic should be full time and have worked together for whatever time it takes them to become comfortable with each other so that whatever doubts arise among themselves are habitually openly discussed. If the atmosphere of the clinic is tense as a result of unsolved staff problems, it cannot expect to withstand the tensions of its patients or its students. Such a clinic, being equally for teaching, research and service to patients, usually is supported from these three sources, though research foundations or grants have figured largely in its establishment.

No disadvantage to the patient is attached to the carrying out of a training program in a well integrated Psychiatric Clinic for Children. Our experience[6] in combining "paying" patients and students' training strengthens the argument for such arrangements offered by Andrus[8] and by the report of Bay[9], based on nineteen years of experience in the University of Chicago Clinics. If the clinic staff accepts student training as part of the team function, so does the patient.

SUMMARY

Psychotherapy in the Child Psychiatric Clinics of the United States is successful. Its success is due to the development and growth of specific attitudes, and the skill to demonstrate these attitudes by the clinic staff, which consists of psychiatrist, psychologist and social worker. These clinics usually have had

from five to ten years' experience in the training of professional workers, other than medical students, in therapeutic attitudes and techniques. The purpose of this paper is to stimulate interest in the use of the Psychiatric Clinic for Children for basic medical training in the meaning of human behavior.

BIBLIOGRAPHY

1. The Child Psychiatric Clinic is an organization composed of psychiatrists, psychologists and social workers who as a medical team subscribe to and practice medical ethics as formulated by the American Medical Association. The Association of Child Psychiatric Clinics now in the first year of organization aims to differentiate further such work from other nonmedical efforts.

2. MEYER, ADOLF: Presidential Address: *Am. J. Psychiat.*, 8: 21-24 (July), 1928.

3. EBAUGH, FRANKLIN G. and RYMER, CHARLES A.: Psychiatry in Medical Education, 1942, The Commonwealth Fund, N. Y., 1942.

4. SHAKESPEARE, W.: Julius Caesar: Act I, Scene II.

5. ALLEN, FREDERICK H.: Psychotherapy with Children. 1942. W. W. Norton & Co., N. Y.

6. The Child Center of the Department of Psychology and Psychiatry of Catholic University, Washington, D. C.

7. KENWORTHY, M. E.: The Group for the Advancement of Psychiatry. Report on the Committee on Psychiatric Social Work: *J. Psychiat. Soc. Work, The News Letter*, 16: No. 3, 92, 1946-47.

ROBINSON, V. P., Editor: Training for Skill in Social Case Work, 1942. *University of Pennsylvania Press*, Philadelphia.

8. ANDRUS, E. C.: Private Clinics in Medical School: *J. A. A. M. Colls.*, 22:77 (March), 1947.

9. BAY, EMMET R.: Use of Paying Patients in Clinical Research and Teaching, *J. A. A. M. Colls.*, 21:257 (Sept.), 1946.

The Hippocratic Oath in Modern Dress*

MAURICE LEVINE
Professor of Psychiatry, College of Medicine, University of Cincinnati
Cincinnati, Ohio

It is eminently fitting that a talk to a group of men and women at the commencement of their careers as physicians should begin with a story of great courage and devotion to duty on the part of one of their profession. But I shall not be altogether conventional. I shall talk of a courage different from that of the usual medical eulogy. This is not the story of the courageous physicians who in the laboratory or in the field or at the bedside run the risk of serious infection and of death. This is the story of Sigmund Freud, whose courage was of a different sort.

In the 1890's in Vienna, two physicians worked together on the problems of nervousness. One was Breuer, a successful practitioner, and the other was Freud, a struggling young neurologist. They were taking a totally new line in the approach to the problems of that mysterious disorder, hysteria. In a number of cases they had discovered that the paralyses, the blindness, and the other manifestations of hysteria were not chance phenomena, and were not based on an organic disorder or weakness, but instead were meaningful phenomena, understandable in terms of the patient's hidden and forgotten life problems. They had discovered techniques of treatment superior even to hypnosis, the only semi-rational treatment of hysteria at that time. Both in diagnosis and in therapy, they were making discoveries that were epoch making. But, suddenly, one of the hysteric women patients seemed to fall in love with Breuer, who, as part of the new treatment, was being kind and helpful and a patient, tolerant listener. Breuer was frightened by the experience and withdrew totally from the research. And, it is easy to forgive him.

Such a situation has real dangers, not of the sort faced by yellow fever volunteers, but very real nonetheless. In such circumstances, the patient may develop fantasies of having been seduced, the family may believe the story, the doctor may be sued, his reputation may be endangered, and his career may seriously be in jeapordy. Certainly, it is understandable that Breuer should have wanted to protect himself from such an experience, and to avoid handling such problems. But Freud had an intense scientific curiosity and an extraordinary capacity to be objective, with a courage that never permitted him to shrink from difficult problems. To him, the fact that the patient without reason seemed to fall in love with the therapist, was a matter for clear headed scientific observation, a new research lead to be followed rigorously. Gradually, it became clear to him that such a patient's emotional response was a part of her illness; that her apparent falling in love, like her hysteric symptoms, was the result of her unsolved problems, and that the apparent falling in love could, like the

*Commencement Address, College of Medicine, University of Cincinnati, February 8, 1947.

symptoms, be made to disappear by adequate treatment. Still further observations then fell in line—that patients of many varieties, not merely hysterics, without reason develop emotional responses to the physician, not only of undue affection, but more frequently of hostility, of resentment, of suspicion, of anxiety, of idolatry, of excessive dependence. The common denominator of all such responses was that they were out of keeping with the situation, unprovoked, spontaneous, inappropriate, excessive and illogical. And, further, each of these irrational reactions was understandable in terms of each patient's past life and experiences and hidden problems.

This general phenomenon that patients react to the physician with attitudes which are based not on logic, but on emotion, is given the technical term of the "transference." The term was chosen because one of the major factors in producing such emotionally distorted attitudes was that the patient was transferring to the therapist attitudes which the patient had developed toward important people in the formative years of his childhood. For example, a man patient, who, as a child, had intense hostility to his father, almost surely will develop hostility, open or concealed, to a physician who plays an important fatherly role in his life. Of course, once such an observation is made, it seems to be obvious, almost banal, and is clearly merely a specific form of a general tendency of living organisms, viz., of habit formation, conditioned reflexes, and the like. Surely, it is not surprising to us if a child who is afraid of its mother or of an over-strict nursemaid, will for some time be afraid of its first teacher in school, even though the teacher is kindly and tolerant.

And so Freud, because he had the courage to face life as it is, discovered the transference, which he and his followers then developed into a vitally important tool for medical diagnosis and treatment. Today, it is recognized that there are many ways in which the concept of transference is of value. For example, clearheaded observations of the patient's reactions to the physician, his transference, is one of the important ways of observing the emotional pressures that operate in him, and so may lead to an understanding of the hidden problems that lead to nervous and mental disease. The emotional knots that lead to nervousness often are not easy to unravel, and often the patient's emotional distortions in his relation to the physician offer the clue to the mystery.

To demonstrate this point, let us cite a portion of the investigation of a specific case of essential hypertension. In some such cases, the clue to the understanding of the chronic psychologic tensions which lead to the chronic elevation of blood pressure may be found in the transference. The patient in question was one whose life, as far as one could see, was free of emotional conflict and problems. So far as he and his family could tell, he got along well with everyone, was liked by everyone, let nothing disturb his equilibrium. At first glance, there was nothing to suggest that there were high emotional tensions in his life that might be causing a high tension in his blood pressure. In his relation with the physician he was cordial and agreeable, but it soon was obvious that he was much too amiable, too agreeable, too pleasant, too submissive.

Shakespeare, long before Freud, might have said, "methinks the gentleman doth protest too much." Shakespeare, like Freud, would have been benevolently skeptical about this patient's degree of amiability and imperturbable docility. If the telephone bell several times interrupted an interview with him in the physician's office, one could see him get tense and flushed as if in anger, but so far as he could say, he felt that the interruptions were of no consequence, that the physician was a very busy man who must take his calls, and that he, the patient, did not mind it in the least.

From many sequences such as this, in his behavior with the physician, the inference became highly probable that beneath his calm exterior there existed intense reactions of anger, which are known to be associated with a rise of blood pressure. This dynamic diagnosis, of an underlying unexpressed hostility, was verified when, during treatment, he repeatedly had dreams of a queer sort, such as shooting an enormous fountain pen full of muddy black ink over the face of a man he did not recognize, who had a small mustache, who was partly bald, who wore steel rimmed glasses, and whose business seemed to consist of trying to look through a skull with X-ray eyes. It certainly required little perspicacity to conclude that the patient had unexpressed transference hostility to the physician at whom you are looking at this moment, whose work as a psychiatrist might be lampooned as an attempt to look into heads with X-ray eyes. In essence, a study of the patient's transference revealed the dynamic picture of a facade of excessive amiability concealing intense unexpressed hostility, which may have been associated with his hypertension. In such fashion, observations of the transference provide leads for the dynamic understanding of many neurotic and psychosomatic disorders.

There is another way in which a recognition of the existence of transference attitudes helps the psychiatrist, and, indeed, all physicians, in their treatment of patients. If the physician expects transference problems, he is not shocked or surprised when they appear, and he may then preserve a good therapeutic relationship. For example, if a physician has tried to do a good job, and yet the patient becomes openly hostile and critical toward him, the physician can recognize such a reaction as transference, and deal with it objectively, without regarding the patient as an ungrateful wretch. He can avoid being angry, and avoid a situation in which his own resentment would block his usefulness to the patient.

A further item to document the medical value of the concept of the transference is this: Under certain circumstances, skilled explanations or interpretations to the patient of his transference reactions may be one step in the cure of otherwise incurable nervous disorders. By the way, we should stress the skill and judgment necessary for such interpretations of the transference. Such a technique should not be used without adequate special training.

So much for the concept of the transference and its value in medical practice. We return to Freud and to another example of his courage.

Freud did not stop with the understanding of the transference. He realized

that all human relations are two way streets, that the patient is not the only fallible human being in the interaction of patient and physician. In fact, in all of the contacts of two human beings, we must recognize that both may be responding emotionally as well as logically. When a husband complains that his wife is behaving emotionally and illogically toward him, the physician who hears the story must wonder if the husband also does not behave emotionally and illogically toward his wife, and, perhaps, provoke some of her illogical behavior. When a mother complains that her child reacts with defiance and antagonism to her, the physician must wonder if the mother also is not reacting illogically to the child. And so Freud put the question, what of the medical two way street; what of the physician's reactions to the patient? And observing himself, with his customary courage and honesty, he discovered many tendencies in himself that were illogical and tended to interfere with his successful work with patients. He had the courage, incidentally, to publish some of his observations on himself. Subsequently, he made the same observation in supervising the work of the physicians he was training in the use of his new techniques. For this phenomenon, the distorted illogical reactions of physicians to patients, Freud suggested the technical term of "counter-transference." And around this topic of the counter-transference has grown up a great literature and a mass of vital information, since a knowledge of the counter-transference was recognized as basic to the adequate practice of psychiatry and, in fact, to the adequate practice of the science and art of medicine in general. Two examples will suffice at this point, to indicate typical mistakes based on counter-transference.

A physician who illogically is too sympathetic with sick people may pamper his patients, may make them realize too vividly that sickness has its pleasures, and so delay his patient's recoveries. On the other hand, a physician who is overdemanding that his patients be strong and mature and self-reliant, may do injury by holding up to his patients an impossible ideal. Patients of such a physician may become excessively critical of their own human limitations, may ignore their actual need for rest, for leisure and for recuperation, and may struggle too strenuously to be as strong as the physician expects them to be.

One result of the recognition of the extreme importance of the counter-transference is that training in psychiatry is a long and protracted process, one item of which is that the psychiatrist must learn to understand and lessen his own emotional problems and distortions. In the field of psychiatry, this is of the utmost importance. But all physicians must be psychiatrists, in part. A large part of general medical practice has to do with neurotic patients, a large number of physical disturbances, like peptic ulcer, have important emotional determinants, and almost every person who is sick or in pain or is confronted with the anxiety of a surgical operation, develops some emotional problems. So all physicians must know something of the basic facts of psychiatry, and must know something of transference and counter-transference.

Freud was not the first, of course, to recognize that physicians have to watch for inappropriate or incorrect emotional responses in themselves. The

Hippocratic Oath, which so often is quoted on an occasion like this, is one of the famous attempts to deal with the problem of the counter-transference, with the mistakes that physicians may make in dealing with their patients.

Now let us, for a moment, look at this famous oath from this point of view,[1] and perhaps we can rephrase or amplify parts of it to make it more fitting to the present day. Perhaps we can say that a psychiatrist has a logical justification for presuming to modernize the Oath, since it is his specialty which has studied for fifty years or so the problem which is the chief concern of the Hippocratic Oath.

Now as to the Oath itself: It is too well known, too often printed or read, for us to have to read it in full. We can summarize it briefly. The first third of the Oath and the last paragraph we can pass over as being the ritual of taking the oath and of preserving the guild aspect of the profession of the Greek era. The body of the Oath consists essentially of the following points: to use methods of treatment that are beneficial and not injurious; to give no deadly medicine; to avoid abortions; to avoid cutting a person who has a stone, leaving this to be done by the practitioners of cutting; to avoid mischievous activity in the houses of patients and to go there for the benefit of the sick; to avoid seducing patients of the opposite sex or of the same sex; and to avoid revealing one's patients' secrets.

Now, certainly, for the most part this is a statement of the logical and adjusted way to behave. It is of the essence of the patient-physician relationship that the patient can have an adequate trust in the physician as honest, as safe, as helpful, as having a real intent to help and to heal. The relationship is based on the physician's having an attitude of dependability, of trustworthiness, of a good leadership, of giving his time, his training, his interest and his help, in return for a fee or for friendship or for respect and prestige.

But the Oath recognizes that the physician is a human being and subject to temptation and to problems within himself, and that there may be difficulties in behaving logically and appropriately in the role of physician. In other words, the Oath stresses the need to avoid counter-transference reactions, the need to avoid emotional distortions in the relation to patients. From the point of view of the need for standards in life, the Oath is a statement of ethics; from the point of view of the physician as a person, the Oath is a statement of counter-transference reactions to be avoided or overcome.

In the Oath itself, the counter-transference reactions that are implied are these: to avoid hostile reactions and harming the patient; to avoid the self-aggrandizement that might lead to doing a surgical operation for which one

1. For the purpose of this discussion, we must omit any reference to the other interesting problems related to the Oath, e. g., the possibility of its origin in the Pythagorean sect; the question of whether its reference to lithotomy actually refers to castration; the possibility that the prohibition of the giving of poison refers to the prevention of suicide rather than to the prevention of abortion. See: Foxe, A. N.: Oath of Hippocrates, *Psychiatric Quart.*, 19: 17-25; Edelstein, W.: Hippocratic Oath; text, translation and interpretation. *Bull. Hist. Med.* (suppl. 1), 1-64, 1945; Nittis, S.: Hippocratic Ethics and Present Day Trends in Medicine. *Bull. Hist. Med.*, 12: 336-342, 1942; Nittis, S.: Hippocratic Oath in reference to lithotomy; new interpretation with historical notes on castration. *Bull. Hist. Med.*, 7: 719-728, 1939.

is not prepared; to avoid the sexually distorted attitudes that might lead to a misuse of the physician's role in the direction of heterosexual or homosexual seduction; and to avoid revealing the secrets of the patient for the sake of gossip, or to appear important in the eyes of one's wife or friends, or to gain power by knowing or revealing the hidden facts of another's life.

So much for the problems referred to specifically in the Oath itself. Unfortunately, we must add that the Oath refers only to a small part of the emotional distortions that we now know can occur in the practice of medicine. The ones that are mentioned are important but not so frequent. The ones that are not mentioned are much more frequent and far more subtle, and often pass unrecognized. But they may be crucial in the therapeutic process. Let us give a few examples: Every physician must resist the importunities of some of his patients for more and more medicine. If the physician has the personality characteristic of being unable to say "No," of being too amiable and agreeable, he is very likely to give too much medicine to demanding patients or to patients who play on his sympathy. And of course, the excessive use of medicine has its dangers, of drug addiction, or of undue dependence on medicine, or of some accumulated physical effects of the medicine itself.

Another type of mistake is based on what can be called excessive therapeutic ambition. All physicians try, in part, to build their security and prestige by being successful, by curing their patients quickly and completely. Of course, this therapeutic ambition is of real value to the doctor and to the patient. But therapeutic ambition may be excessive and defeat its own ends. If the physician is very insecure and has too great a need for fame and fortune, he then may have too great a need for cured cases, for the kind of case he can boast about, or expect others to boast about for him. He then may become impatient with those who do not respond, or may, in an open or concealed fashion, be angry and resentful toward them. Some medical problems are complicated and difficult to solve, requiring consideration of a number of diagnostic possibilities and the use of one after another of therapeutic attempts until the problem is solved. The emotions of anger and resentment that arise in the doctor when excessive therapeutic ambition is thwarted are not conducive to clear thinking nor to the gradual working through of a difficult problem. And, further, a patient may sense the physician's impatience and resentment, and become anxious or resentful or self critical, so that a secondary neurotic problem is now superimposed on the primary problem which is still unsolved.

A third example of counter-transference more subtle than those of the Hippocratic Oath, has to do with the unnecessary stimulation of anxiety in patients. Let us suppose that we are dealing with a physician who likes to be totally safe in his diagnoses, who has an excessive fear that some other physician who later examines the patient will find something that the first physician has missed. Now in moderate degree such concern for one's reputation is valid and appropriate and one of the safeguards of medical practice, tending to assure adequate and careful examinations. But like all good things, such concern can be overdone. The physician who is excessively afraid of the opinions of others may try to

protect himself by avoiding definite diagnoses, may try to straddle the fence so that no matter what happens later, he cannot be said to have missed a point. If such a physician examines a patient who thinks he may have heart disease, does a thorough job, plus whatever special examinations are called for, and finds absolutely nothing except an almost surely functional murmur, the physician may then be unable to give the necessary strong reassurance. He may damage the patient and help to produce a cardiac neurosis by remarking that the examination is essentially negative but that there is a little murmur that must be watched, or that the patient's heart is in fine shape but that it might be better not to take quite so much exercise as before. Such excessively conservative statements produce anxiety which is totally unnecessary. Such statements may protect the physician from criticism in an occasional case, but at the expense of the well being of some of his patients.

To return to the Hippocratic Oath. In terms of our present concepts, we can summarize by saying that it essentially is a statement of some of the problems of the counter-transference in medical practice, and that the Hippocratic Oath in modern dress must include the far more frequent, more subtle and therapeutically more important mistakes that can be made by the physician in his relationship with his patients.

With this understanding, we can conclude by proposing that each member of the graduating class take a sort of modernized Hippocratic Oath, that he say to himself, to his own conscience, something like this: "I am deeply moved by the fact that my profession is one which has high human ideals and aspirations. I know that physicians are not perfect and need not be, but I profoundly respect the attempt of honest physicians to do a good job and to practice their profession in a self respecting fashion. I know that I am far from perfect, but I am going to make a sincere attempt to do a really decent job. I shall certainly follow the good advice of the Hippocratic Oath. I shall not do surgical procedures or any medical procedure which I cannot do adequately. And if I find myself unable to resist trying to seduce my patients, of the opposite sex or of my own, I will recognize that I have a serious neurotic disorder, and try to get treatment. If I am unable to bring myself to treatment or if the treatment is unsuccessful, I will give up the practice of medicine or confine my medical activities to fields in which there will be no temptation. More than that, I will try to observe my own reactions to my patients, and to see if in any way my own emotional attitudes are hindering their recovery. I shall try not to let my own personal tendencies interfere with my therapeutic attitudes. If I detect in myself too much anxiety, too much sympathy, too much coolness, too much conceit, too much diffidence, too much leniency, too much strictness, or any excessive attitudes, I will make an honest attempt to modify them. For I know that the practice of medicine can be infinitely rewarding in the satisfactions of human helpfulness, and I hope to grow in stature as I practice, not only in my scientific and technical knowledge and ability, but in the maturity, the plasticity, and the integrity of my personality."

Relationship of Social Medicine to the Social Sciences*

MILTON I. ROEMER

Surgeon, U. S. Public Health Service, Associate in Medical Care Administration, States Relations Division, Federal Security Agency
Washington, D. C.

The increasing lag between the potentialities of medical science and its practical application has led to a broadened interest in the social aspects of health and of medicine. This interest has, in some measure, been expressed in the concern of several of the medical schools and schools of public health to provide instruction to students in "social medicine."

The concept of social medicine is difficult to define, although European medical scholars have used it for many years. Evidence of American interest in defining the province of the field is provided by such recent events as the Ann Arbor Conference on the Teaching of Preventive Medicine and Health Economics, the studies of the Association of American Medical Colleges on "the social and environmental factors in medicine," the New York Academy of Medicine Institute of Social Medicine, and the contemplations of the Physicians Forum concerning a "Journal of Social Medicine."

While it would be hazardous to attempt a complete definition of a field of learning that is still so amorphous, some of the basic elements entering into a definition may be discerned. The field embodies relationships primarily between society and two main phenomena: the health status of the people, on the one hand, and the applications of medical and related science on the other. Thus an exploration of the effects of housing on health would be an instance of the first relationship and a study of the administration of different systems of medical care insurance would be an instance of the second relationship. Both of these relationships may be further broken down in accordance with the objective of one's study. Thus for both sets of relationships, there is what have been called a "social anatomy" and a "social pathology." In dealing with problems of both types there may be a "social diagnosis" and a "social therapy."

While interest in social medicine, as here defined, is found in some degree at all centers of medical education, there is reluctance in many places to give the subject formal academic recognition. Among the reasons for this reluctance is the fact that the subject has long been associated with political controversy and bitter polemics; it is regarded as a more or less inevitable battleground for conservatism versus liberalism, which might create numerous problems in a medical or public health faculty; moreover, there are few persons available with the necessary knowledge of the subject, free from propagandistic overtones.

*The views in this paper are not necessarily representative of the official position of the United States Public Health Service.

As a result, in the medical schools resources for providing instruction in the social aspects of health and of medicine have been sought in three principal ways. The most frequent way, as shown by the recent report of the Joint Committee on the Teaching of Social and Environmental Factors in Medicine (representing the Association of American Medical Colleges and the American Association of Medical Social Workers), has been to bring students into contact with the social problems of the individual patient in the home and the community. Students work closely with medical social workers and learn of the social "case work" approach. The emphasis here is to inculcate a practical and humanistic concern for the problems of the low income (usually) patient.

A second and wholly different approach has been to call on a series of speakers from outside the university, identified with different points of view on controversial aspects of the field of medical-social relations. The emphasis here has been on a discussion of methods to organize the financing or provision of medical services. A third way has been to rely on the department of preventive medicine or public health in the medical school to acquaint the student with organized governmental measures to prevent disease. The emphasis here has been on communicable disease control and environmental sanitation. The three approaches have not been mutually exclusive. Many schools have used two and some have used all three approaches at the same time. The department of preventive medicine is most often responsible for launching the program, whatever its type.

All of these approaches make a positive contribution, but none of them is co-extensive with the broad field of social medicine. Each of them encompasses, in some measure, a segment of social medicine. To provide the student with the full, rich background of social medicine would require his orientation in all the ways that health conditions and medicine (science and practice) are related to social structure and function. The breadth of the field is reflected by considering the several lines of existing disciplines which it crosses. In terms of established discipline, social medicine would encompass all or parts of the following subjects:

1. Public health: The prevention and control of disease on a mass basis.

2. Medical care organization: The economics and distribution of medical services.

3. Medical history: The historical development of present-day medicine and health conditions.

4. Medical sociology: Relationship of health and medicine to the social environment.

5. Psychosomatic medicine: Psychological aspects of disease in the individual, family, and community.

6. Medical jurisprudence: Medicine as an instrument of law and justice.

7. Medical ethics: The activations and behavior of the medical profession.

8. Philosophy of science: Theoretical foundations of medical research and education.

Provision of instruction and leadership for a research program in this broad field cannot reasonably be expected through any one of the three special avenues in which social medicine has so far been explored,—that is, through outside speakers of different opinions, through medical social work departments, or through departments of preventive medicine and public health. Each of these avenues leads to part of the field of social medicine, but not to its entirety. A full appreciation of the field calls for the fullest possible utilization of the broad cultural opportunities provided by an entire university.

The structure and function of a university rest on the theory that human knowledge is complex and requires many special disciplines for its full exploration. The combination of these several disciplines, represented in departments and colleges, make a university and as human knowledge has expanded, universities have become more complex. Yet proper evaluation of many subjects calls for the interplay of knowledge from many different fields. Little advantage has actually been taken of the opportunities afforded by a university for such interplay of knowledge between the school of medicine and other schools or departments. Through just such interchange, however, could one expect to find the breadth of academic background necessary to full exploration of and instruction in social medicine.

The principal interchange of knowledge, it would seem, should be between the medical school and the departments of social sciences in the liberal arts college. Thus knowledge and an objective point of view in medical economics could be contributed, in some degree, by the department of economics and the department of government or political science. The department of history could make its contribution to the history of medicine and health conditions. The sociology of health and of medicine would obviously be subjects within the special competence of the department of sociology. The department of psychology would have its contribution to make to an understanding of psychosomatic medicine and the department of philosophy would help to impart a really profound understanding of medical ethics. Some of the undergraduate departments in the natural sciences might have much to offer toward an understanding of objectives and methods of medical research and education. The law school would manifestly have special knowledge to offer in medical jurisprudence.

Some may claim that this approach would ignore the undergraduate instruction that most students of medicine have already had before entering medical school. It is true that the social sciences may have played a part in the education of some candidates for the medical degree. Undergraduate orientation in these subjects, however, is general, rather than specially directed toward

problems of health and of medicine. Many medical students, moreover, have had virtually no instruction in the social sciences, general or special. In either case, bringing the point of view of the social sciences to the student of medicine should condition his thinking at a time when future attitudes about his role as a doctor are being shaped.

To effectuate this rich interchange of knowledge requires more than good intentions. A full time faculty member in the school of medicine is probably required for continual maintenance of the necessary liaison with the other divisions of the university. Such a position should be filled by a person with an orientation sufficiently broad to be acceptable to both the medical school faculty and the several departments in other parts of the university. He should be able to "speak the language" of the social scientists with sufficient competence to win their confidence and cooperation.

Because the department of public health or preventive medicine in the medical school already represents a substantial entree to the field of social medicine, the new faculty position might best be initially placed in this department. The precise place to be occupied in the medical faculty, however, would vary with the school and should depend on the existing alignment of departments (the strength of the department of preventive medicine, is it autonomous or part of another department like bacteriology? is there a department of medical history? of forensic medicine? of psychosomatic medicine? etc.) and on faculty attitudes. Ultimately it may be hoped that a department of social medicine would stand on a level commensurate with other major divisions of the medical faculty, like surgery or internal medicine, encompassing within it all or several of the eight subject categories cited above.

In ten universities in this country, special colleges have developed to provide training in public health administration and to grant special graduate degrees. These schools of public health have been geared primarily to the provision of vocational training to persons working in public health agencies. The scope of subject matter dealt with accordingly has been limited by accepted definitions of the proper scope of public health activity in the world of practical affairs. Despite this restriction, these schools are providing instruction essentially in social medicine, albeit only a segment of the field. In those universities having schools of public health, therefore, these schools would probably provide a suitable home-base from which work in the entire field of social medicine might take origin. Since medical schools are likewise attached to all the universities having schools of public health, it should be possible to effect in this way the desired liaison between the social sciences and medicine, with the public health school serving as a kind of middle-link in the chain.

A teacher of social medicine would be able to give to, as well as take from, the nonmedical departments of the university. He should be able to provide instruction in the broad fundamentals of health and of medicine to the under-

graduate students majoring in the social sciences. Such instruction would have practical importance for the many students who will be working in the welfare field, concerned as it must be with health problems. It would be of great practical value if an expanded program of organized medical services is developed in this country and numerous nonmedical administrative personnel are required. It would have special value in a school of social work, if such is attached to the university.

The provision of a factual and theoretical foundation for social medicine, along these lines, would not preclude more practical approaches to the field at the same time. Thus, just as teaching or research in surgery calls for its clinical expression, through operation of a surgical service in a hospital, so also does social medicine call for some practical outlets. These might be provided through assigning faculty personnel various types of administrative responsibility in operating medical-social programs. Such functions might include playing some role in the local department of public health, the social service department of the hospital, a local prepayment plan for medical care, a public welfare department, a housing project, a local industrial medical service, some voluntary health agencies, mental hygiene clinics, the courts or coroner's office, and similar civic or social activities. Ideally, the medical school should serve as the professional and service center of a regional network of hospitals and health centers, through which medical care would be rendered to all on an organized, scientific basis. Under such a pattern, the opportunities for assuming practical responsibilities in the field of social medicine would be endlessly expanded.

Opportunities for active research in social medicine should likewise be made available. Research may be directed not only toward the effects of various social factors on health—a province in which much work has already been done—but also in the effectiveness of various methods of organizing medical services. Research may be conducted in medical history, medical jurisprudence, and other segments of the field. As in clinical medicine, it should be possible to set up a research program for the entire department, through which different students would make their several contributions toward the elucidation of major problems. The ultimate objective of most research in social medicine will probably always be practical: the improvement of the health of people. Yet there should always be room for the free exploration of knowledge in the field, for which no immediate application is evident.

A final comment is called for. There are those who, with friendship to the concepts of social medicine, oppose its recognition as a special department or special discipline in the medical school. They claim that what is needed above all is inculcation of "the point of view of social medicine" into all the subjects in the medical curriculum; separation of the subject into an independent department would presumably defeat this objective. Unfortunately, inculcation of new points of view is not easy, especially when they must be derived from an

amorphous and scattered body of knowledge. The effective introduction of new concepts into the established bailiwicks of the medical curriculum actually requires the dignity associated with a special departmental status. The continual growth and development of any new field, moreover, requires such independence. Specialization and independence of psychiatry, for example, has enhanced rather than diminished psychological considerations in the general practice of medicine. This has been the course of development of most new fields of knowledge in the natural and the social sciences alike.

And yet, as we have noted, social medicine by its very nature is a synthetic subject, bringing together the knowledge of many established disciplines, as they bear on health and medicine. At the same time it must be prepared to fill the many gaps in knowledge with new research and new analysis. The full development of the field of social medicine, then, depends first on maximum utilization of the theoretical knowledge of the entire university, second on the exercise of practical responsibilities in the local community, and third on the performance of research. Through such a rich combination of theory and practice, the field of social medicine may be able to develop to a place in the academic world which is warranted by its importance in the world of everyday affairs.

Medical Film Institute of the Association of American Medical Colleges

The ASSOCIATION OF AMERICAN MEDICAL COLLEGES has proposed, and is endeavoring to establish, a Medical Film Institute in the United States, for the purpose of creating a center of study, development and organization for the motion picture and other audio-visual media in the field of medicine.

WHEREAS, the ASSOCIATION OF AMERICAN MEDICAL COLLEGES endorses the objective stated in Article II, subparagraph (o) of the Constitution of the World Health Organization "* * * to promote improved standards of teaching and training in the health, medical and related professions"; and

WHEREAS, films can improve and intensify medical instruction, are a powerful tool of health education, an important method of medical research, and a unique vehicle of international medical information and communication; and

WHEREAS, the potentialities of medical films are great but still largely unfulfilled because the production of effective medical films is complex and often costly, existing information on them insufficient, their distribution poorly organized, and facilities and abilities for their utilization far from universal; and

WHEREAS, national organizations able to plan, initiate and coordinate effectively the development of medical film production, distribution and utilization do not now exist; be it

Resolved, that the ASSOCIATION OF AMERICAN MEDICAL COLLEGES request the United States Delegation to the World Health Assembly of the World Health Organization to present the need for the establishment in the member countries of national agencies capable of

(a) providing leadership in perfecting, organizing and coordinating the production, dissemination and application of films and other audiovisual media in medicine, health and their related sciences;

(b) representing effectively their respective national medical film interests with the World Health Organization and in other international relations so that maximum benefit can be derived from films and other audiovisual media in worldwide medical instruction, health education and medical research.

COMMITTEE ON AUDIOVISUAL AIDS IN MEDICAL EDUCATION.
W. A. Bloedorn, Chairman.
Joe Markee.
R. P. Walton.

Association of American Medical Colleges

PROGRAM

OF

FIFTY-NINTH ANNUAL MEETING

TO BE HELD IN

WHITE SULPHUR SPRINGS, WEST VIRGINIA

(Subject to change)

Medical Education As Seen from the Sidelines

JOHN M. RUSSELL, Vice President John and Mary R. Markle Foundation

The Place of Medical Education Within the Framework of the University

R. V. GUSTAVSON, Chancellor, University of Nebraska

Role of Biophysics in Medical Education

STAFFORD L. WARREN, Dean University of California School of Medicine, Los Angeles

Discussion to be opened by

LE ROY BARNES, Cornell University

W. A. SELLE, University of Texas

Address of the President: Financial Aid to Medical Education

WALTER A. BLOEDORN, Dean George Washington University School of Medicine

---

7 P. M. Dinner and Bestowal of the Borden Award

Orientation Courses for Freshman Medical Students

THOMAS W. PEERY, George Washington University School of Medicine

Round Table Conferences on Internships

L. R. CHANDLER, Stanford University, Moderator

Participants:

Basil MacLean, Strong Memorial Hospital
Joe R. Clements, Roosevelt Hospital
Dayton Edwards, Cornell University
Reginald Fitz, Harvard University
W. E. Duke, Colonel, M. C., U. S. Army
L. R. Newhouser, Captain, M. C., U. S. Navy
Jean A. Curran, Long Island College of Medicine
Robert F. Loeb, Columbia University
Rev. John J. Flanagan, Catholic Hospital Association
Charles T. Dolezal, American Hospital Association
E. I. Erickson, American Protestant Hospital Association

---

3 P. M. Executive Session

Freshman Anatomy As a Correlative Course

JOHN F. HUBER, Temple University School of Medicine

Intern-Resident Training in a Private General Hospital

FRANK A. REISER, Grace Hospital, Detroit, Michigan

Planning an Instructional Program for Medical Schools

A. N. HURD, Medical College of Virginia

Teaching of Neurology

HAROLD G. WOLFF, Cornell University Medical College

Discussion opened by LEWIS J. POLLOCK, Northwestern University Medical School

Clinical Clerkships for Sophomore Medical Students

DONALD SLAUGHTER, University of South Dakota School of Medicine

JOURNAL
OF THE
Association *of* American Medical Colleges

Vol. 23 No. 5 FRED C. ZAPFFE, Editor September, 1948

Appointment of Interns

A meeting of the Committee on Internships and Residencies, of which Dr. Jean A. Curran is chairman, was held in Chicago, June 19. Various aspects of the plan previously drawn up and approved by the various groups interested were discussed at considerable length. In general, the plan as previously outlined and published has worked out very well despite the fact that some hospitals have not cooperated, although they had promised to do so.

Among the actions taken by the committee at the meeting referred to above, were the following: "No intern appointments shall be tendered prior to November 15, 1948, to applicants who are members of the senior class in medical schools. Notice by telegram is preferable. Hospitals may decline an applicant at any time." "Applicants shall send notice of acceptance or rejection of appointments so that they are received at hospitals by midnight of November 18, 1948; but that commitments by applicants shall not be required prior to that time."

These resolutions, which amend previous action, have been approved officially by the American, the Protestant, and the Catholic hospital associations as well as the Executive Council of the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association.

◆ ◆

The Gold Headed Cane

Some years ago Dr. William J. Kerr, professor of medicine at the University of California, instituted at that school at graduation time "The Ceremony of the Gold Headed Cane." The Gold Headed Cane was a cane that was carried by five distinguished physicians of London, the cane being passed from hand to hand until it was finally given by the widow of the last holder, Dr. Mathew Baillie, to the Royal College of Physicians where it now reposes. Doctor Kerr thought that it would be a pleasing tribute to some of his colleagues to present them with a cane and also to give a cane to the outstanding boy in the graduating class and honorable mention with a copy of the book "The Gold Headed Cane" to two other boys in the class.

The program has usually been as follows: Doctor Kerr tells the history of the Gold Headed Cane, introduces the visiting doctor who then makes an address. After this, Doctor Kerr presents the Gold Headed Cane to this doctor. Both students and physicians so honored have been encouraged and inspired by the whole proceedings. Among the doctors so honored are Dr. George Dock, Dr. George Blumer, Dr. Herbert C. Moffitt, Dr. J. B. Herrick, Dr. Ernest E. Irons, Dr. W. S. Middleton and Dr. James J. Waring. After consultation with Doctor Kerr and with Dean Darley it seemed desirable to institute at the University of Colorado School of Medicine the same ceremony. Doctor Kerr was invited to give the Baccalaureate address. The cane given to Doctor Waring in 1945 passed on to Dr. John G. Ryan, associate professor of medicine at Colorado, with the following tribute:

"If this Gold Headed Cane could speak, it would say:

"I am the reincarnation of the old Gold Head Cane.

"My head has been fashioned from gold of the hills of California and my

shaft from an ancient yew tree growing beside a rushing mountain stream.

"I have watched your career through many years and have noted with great joy and satisfaction your fine spirit of cooperation with your colleagues and the inspiration of your presence to the students at the University of Colorado School of Medicine.

"All who have come into contact with you have noted your devotion as a physician to the welfare of your patients.

"Your faithful services to this institution, its students, nurses and patients deserve the highest praise and the gratitude of all.

"I am now intrusted to your keeping in the hope that if some day you find another who manifests to a high degree the qualities of a true physician you will pass me on so that I may be a continuing symbol of all that is good in American medicine."

It will be customary in the future at this school to select an outstanding student of the graduating class to be given an award to be known hereafter as "The Gold Headed Cane Award." The boy so honored will be chosen by the faculty from a small list of names submitted by the entire graduating class. This year the award was given to Kon Wyatt, Jr., of Pueblo, Colorado.

◆ ◆

Nominations for Scholars in Medical Science

Medical schools in the United States and Canada are invited by the John and Mary R. Markle Foundation to make nominations for the second group of Scholars in Medical Science on or before December 1, 1948. Each school, through the dean, may nominate one candidate. No nominations from individuals will be considered.

The program is designed to aid promising young men and women planning careers in academic medicine, who have not yet made their reputations. They should have completed the usual fellowship training in some area of science related to medicine and should hold, or expect to hold, in the academic year 1949-50 a full-time faculty appointment on the staff of a medical school.

Grants of $25,000, payable at the rate of $5,000 annually, will be made to the schools over a five-year period for the support of each scholar finally selected, his research, or both.

The number of scholars to be appointed in 1949 has not yet been determined. Sixteen were chosen in 1948. A new booklet describing the plan is available on request from the Foundation, 14 Wall Street, New York 5, N. Y.

◆ ◆

The Plight of Medical Schools

Under this title, the Baltimore Sun, July 22, 1948, published a letter written by Dr. George Packer Berry, associate dean, University of Rochester School of Medicine and vice president of the Association of American Medical Colleges, which depicts well and correctly the plight of medical schools from the financial point of view. The letter and the following editorial comment are reprinted with the permission of Doctor Berry and Mr. Philip M. Wagner, editor of the Baltimore Sun.

THE PLIGHT OF MEDICAL SCHOOLS

To the Editor of The Sun—Sir: It has just been my privilege to read, in reprint form, your excellent editorial, "Medical Research Should Not Be Too Closely Fettered." Your clear analysis reveals the very heart of the most pressing problem perhaps in American medicine today: The adequate financing of medical education. You point out with just pride the generous response of Americans to the appeal of the crippled child—the March of Dimes has produced millions. You refer to similar generous support for research in the fields of cancer, rheumatic fever, heart disease, etc. Well and good; we all agree that great medical progress has been made as the result of such support.

But what of support for medical education as a whole? Only as medical schools are in a strong position to train

future medical scientists can we continue to move forward the whole frontier of medical knowledge. What, then, is the financial position of medical schools? Let me answer by quoting from part of an official statement approved by the executive council of the Association of American Medical Colleges at a recent meeting in Chicago. (This means of answering comes to mind because with my colleagues on the council I wrote this statement which, therefore, represents the point of view of many medical teachers and school administrators.)

"All medical schools are experiencing great difficulty in finding the funds for the adequate training of physicians. Just when demands for medical care and public health are unprecedented and steadily mounting, the quality of medical education is in danger of deteriorating for lack of sufficient income. The present salaries of teachers, nurses, technicians and other personnel do not meet the increased cost of living. Teaching is handicapped for lack of adequate equipment and space. Many otherwise qualified students are today unable to pay the high costs of their medical education. Since the maintenance, let alone the advancement, of the medical welfare of our people depends upon the production of adequate numbers of well-trained physicians and research workers, the underfinancing of medical schools is a problem of national moment.

"Funds for medical research are available in amounts greatly in excess of those provided before the war, although much greater support is needed for continuing national security and progress. The best utilization of such research funds is impossible today owing to the shortage of scientific personnel and the limited physical facilities of many medical schools. To paraphrase Marie Antoinette, there is plenty of the cake of research, but too little of the bread of sustenance.

"In the United States medical schools have been financed in four ways: Private endowment, private gifts, tuition fees and taxes. Income from endowment and private sources has steadily decreased. Tuition fees, which paid 70 per cent of the cost of medical education in 1910, now pay less than 30 per cent of such cost; yet tuition fees are already so high that many capable students are debarred from studying medicine. It is to public support, then, that medical schools must turn.

"Only public appreciation of the financial plight of our medical schools and public help in providing for their support can prevent serious deterioration in the health and well-being of our people."

The main tent of medical education needs support, whereas, the side shows have been getting it—not that the side shows, as stated above, are not important too. Unless, however, the main trunk flourishes, to change the simile, the tree eventually withers, no matter how vigorous the growth of the branches.

George Packer Berry, M.D.

The editorial comment is as follows:

Short Rations
For Medical Research

The Sun prints today a letter from Dr. George Packer Berry, of the University of Rochester School of Medicine, which deals with a matter of great importance to the future of medicine in this country.

In Baltimore, appeals to the public for funds have so increased in number since the war that the public is confused. And what is true of Baltimore is true of every other city. It is not easy for the layman, whose contributions to worthy causes are necessarily limited, to weigh the relative merits of the numerous appeals. His decision is made more difficult by the fact that many of the drives are conducted with great skill and are deliberately designed to appeal to sentimentality rather than to reason. The public responds more readily to the picture of a crippled child than it does to an abstract argument—and the professionals who increasingly manage public appeals for funds know this only too well.

The result has been a serious distortion in the field of medical appeals particularly. Drives concerned with specific diseases, such as infantile paralysis and

cancer, accumulate enormous funds. Yet in the meantime private medical education and basic medical research, which are the backbone of progress in the field of medicine, must go on short rations.

Doctor Berry's letter deals with this paradoxical situation. Oddly enough, though his point of view is widely shared in the medical profession, he is one of the few medical men who have ventured to speak out in protest. This is actually the first letter on this theme which has been addressed to The Sun by a medical man, despite the fact that Baltimore is one of the great American centers of medical learning. Until those men who have authority to speak on this question summon their determination and take a stand, the present unbalanced situation will not be corrected and medical research will continue to suffer.

To the Medical Colleges of the United States:

The following Baltimore Medical Schools,

University of Maryland — Baltimore Medical College
College of Physicians and Surgeons — Baltimore University
Woman's Medical College of Baltimore

and the Staff of the Johns Hopkins Hospital, having met for the consideration of reforms urgently needed in the system of medical education hitherto in operation in this country, after a full discussion of this most important subject, have come to the conclusion that it is not expedient, nor indeed practicable for the medical schools of any state to assume alone the responsibility of adopting advanced methods. Yet fully convinced of the pressing need of a change and earnestly desirous to see it consummated, they are unwilling to let matters rest longer as they are without at least an effort on their part to improve them. They have determined, therefore, to issue this appeal to the medical schools of the United States for their co-operation in inaugurating a national advance. Fully aware of previous ineffectual efforts in this direction, they yet realize that times have greatly changed since these efforts were made, and they believe that a repetition of them at this time would have a good prospect of success. The approaching meeting of the American Medical Association, drawing delegates, as it will, from every part of the country, offers a good opportunity for convening those who are interested in the contemplated changes. We therefore invite you to join with us in holding a conference for the full consideration of "Medical Education in this country and Measures for Its Improvement," and we request that you will appoint, at your earliest convenience, one or more delegates from your Faculty to represent it at a meeting to be held at Nashville, Tennessee, on the 21st of May, 1890, at 3 P. M. It is requested that delegates should be instructed, as far as possible, as regards the wishes of their Faculties upon the various measures now proposed in connection with advances in medical education, in order that definite results may be arrived at with the least possible delay and trouble. The following subjects are considered as most likely to come up for discussion:

1. Three Years Course of Six-Months Sessions.
2. Graded Curriculum.
3. Written and Oral Examinations.
4. Preliminary Examination in English.
5. Laboratory Instruction in Chemistry, Histology and Pathology.

A. Friedenwald, M.D., President.
Eugene F. Cordell, M.D., Secretary
on behalf of the Baltimore Faculties.

Baltimore, March 20th, 1890.

Please notify Dr. Eugene F. Cordell, No. 2111 Maryland Avenue, Baltimore, Md., of the action you may take regarding this Circular.

College News

University of Illinois
College of Medicine

Dr. John P. Marbarger of the University of Vermont has been appointed director of research for the University of Illinois new Aero Medical and Atmospheric Institute. The $400,000 Aero Medical Institute, which will be operated by the college of medicine on the campus of the Chicago Professional Colleges, is expected to be completed in September. The institute will be used generally for the study of physical environment in health and disease. It will be equipped with apparatus for the study of aviation medicine, and the study of cold, heat, and barometric changes of the body. One of the studies to be undertaken will attempt to answer the increasingly important question of which patients should not be permitted to fly in aircraft. Other studies contemplated include accliminatization to high altitude, the effect of high altitude, the effect of small changes of barometric pressure on arthritic and rheumatic patients, and the effect of high altitude on the senses of smell and taste. Doctor Marbarger, in addition to his duties as director of research for the institute, has been appointed associate professor of physiology.

The National Foundation for Infantile Paralysis, Inc., has awarded a grant of $4,695 for the purpose of completing a program of research to evaluate a new muscle stimulator as a means of treating poliomyelitis. The research will be conducted by the department of physical medicine, under the supervision of Dr. H. Worley Kendell.

A postgraduate course of six lectures designed to present recent advances in cancer of the oral cavity will be offered in cooperation with the Illinois division of the American Cancer Society, Illinois State Dental Society, and the Illinois State Medical Society beginning Wednesday, October 6, 1948. The course has been organized in response to the growing recognition of the need for early oral diagnosis in cancer control. Dr. Bernard G. Sarnat, head of the department of oral and maxillofacial surgery, will be in charge of the course. The course will be offered over a period of six consecutive Wednesdays from 7:30 to 9:30 P. M. Arrangements for the transmission of these lectures by telephone are being considered for groups of dentists and physicians who reside outside of Chicago. The course will place emphasis on the characteristic and differential diagnosis of oral lesions and will include consideration of public health aspects, cancer research, surgical and radiation treatment, and surgical and prosthetic reconstruction. The final period on November 10, 1948, will be devoted to a round table discussion. The tuition charge for the course has been waived, through the courtesy of the Illinois division of the American Cancer Society.

Further information and registration for the course may be obtained by writing Dr. Isaac Schour, associate dean in charge of postgraduate studies, of the college of dentistry, 808 S. Wood street, Chicago 12, or calling him at Monroe 3900, extension 491. Applications will be accepted in the order in which they are received.

The Asthmatic Children's Aid has presented a gift of $10,000 to the University of Illinois colleges of medicine and pharmacy for investigative work in allergy. The Asthmatic Children's Aid has now contributed almost $40,000 to the University of Illinois Allergy Unit since it was established in November, 1944.

Dr. Cecil A. Krakower has been promoted to the rank of professor of pathology. He also will serve as associate pathologist in the university's 428-bed research and educational hospitals. Dr. F. H. Squire has been promoted to the rank

of clinical professor of radiology (Rush). The rank of associate professor has been given to Dr. M. I. Grossman, in physiology, and Dr. Georgiana Theobald, in ophthalmology. Doctor Grossman is conducting research in physiology with special emphasis upon physiology of the gastrointestinal tract.

Assistant professorships have been awarded to Dr. M. J. Brunner, dermatology; Dr. H. R. Catchpole, physiology; Miss Ruth Coleman, medical illustration; and Dr. J. S. Haas, ophthalmology.

The National Foundation for Infantile Paralysis, Inc., has awarded a research grant of $6,080 for the period from July 1 to December 31, 1948. The grant will be used for studies in electrical stimulation of muscles of poliomyelitis patients, and electromyographic studies of poliomyelitis patients. The studies will be carried out by Dr. A. C. Ivy and Dr. H. Worley Kendell, head of the department of physical medicine.

The American Cancer Society has awarded a grant of $18,935 in support of cytochemical studies of relations between nucleus and cytoplasm. The studies will be conducted by the department of pathology, under the supervision of Dr. Isadore Gersh. The grant covers a period of one year. The family of the late Mrs. Margaret A. Gruber of Chicago has presented a gift of $400 to the University Hospitals for research into the causes and cure of leukemia.

✦ ✦

University of Chicago
School of Medicine

Dr. George F. Lull, secretary of the American Medical Association, has been appointed professorial lecturer in the department of medicine.

Promotions: Dr. J. Garrott Allen to associate professor of surgery; Dr. William G. Beadenkopf to assistant professor of medicine and assistant director of student health; Dr. Robert R. Bigelow to instructor and resident in surgery; Dr. Donald Cassels to associate professor of pediatrics; Dr. Albert Dorfman to assistant professor of pediatrics; Dr. A. William Feldman to instructor of ophthalmology; Dr. Elsie L. Haug to instructor of pediatric psychiatry; Dr. Walter D. Hawk to assistant professor of medicine and assistant director of student health; Dr. H. Close Hesseltine, associate professor of obstetrics and gynecology, has been appointed secretary of the department of obstetrics and gynecology; Dr. Leon O. Jacobson to associate professor of medicine; Dr. William M. Jones to clinical assistant professor in ophthalmology; Dr. Heinrich F. Kobrak to associate professor of otolaryngology; Dr. Richard L. Landau to assistant professor of medicine; Dr. Raymond Lanier to instructor in roentgenology; Dr. Thomas W. Lester to assistant professor of medicine; Dr. Erwin Levin to instructor in medicine; Dr. Clarence C. Lushbaugh returned from his L. O. A. to his position as assistant professor of pathology; Dr. Russell L. Nichols to assistant professor of roentgenology; Dr. Lester D. Odell to assistant professor of obstetrics and gynecology; Dr. Judd W. Uhl to instructor in anaesthesiology; Dr. Adrian H. Vander Veer to associate professor of psychiatry; Dr. Robert W. Wissler, assistant professor of pathology, has gone on L. O. A.; Dr. Paul G. Wolff to instructor in ophthalmology.

Dr. J. W. J. Carpender, assistant professor of roentgenology, has replaced Dr. Anna Hamann as head of X-ray therapy.

Resignations: Dr. William H. Fishman, research associate (assistant professor) in biochemistry in the department of surgery, resigned from his position to accept one at Tufts Medical College in Boston; Dr. Archibald Hoyne, clinical professor of pediatrics, retired because of age; Dr. Howard L. Kahn, instructor in obstetrics and gynecology, resigned to enter private practice in Indianapolis, Indiana; Dr. Herbert Lack, assistant professor of roentgenology, resigned to enter private practice in Los Angeles; Dr. Ralph R. Meyer, instructor in roentgenology, resigned and is now associated with Holy Cross Hospital, Salt Lake City, Utah; Dr. Lester MacLean, in-

structor in psychiatry, resigned to enter private practice; Dr. Theodore Puck, assistant professor of biochemistry in the department of medicine, resigned to go to the University of Colorado; Dr. Robert M. Wiener, instructor in the Zoller Dental Clinic, resigned to enter private practice in Montreal; Mr. Stanley A. Ferguson, superintendent of Lying-In Hospital, is resigning from his position as of August 15, 1948. Mr. Ferguson has accepted a position as commissioner, City Hospital, Cleveland, Ohio.

Dr. Stephen Rothman, professor of dermatology, was elected president of the Society for Investigative Dermatology. Dr. Charles B. Huggins, professor of surgery, was awarded a prize of $1,000 by the American Urological Association for "outstanding research on the physiology of the male reproductive tract." Dr. Huggins was also appointed vice chairman of the Committee on Growth of the National Research Council for 1948-49. Dr. Friedrich Wassermann, professor of anatomy, department of anatomy and Walter G. Zoller Memorial Dental Clinic, will spend three months this summer in Europe with the Unitarian Mission. Dr. L. T. Coggeshall, dean of the division of the biological sciences and professor of medicine, received an honorary Doctor of Laws degree from his alma mater, the University of Indiana. Dr. J. Garrott Allen and his associates of the department of surgery were awarded the first prize and gold medal by the American Medical Association for their exhibit: "Hemorrhagic Disease Caused by Heparinemia — Temporary Control by Toluidine Blue or Protamine Sulfate."

Sylvia H. Bensley, assistant professor of anatomy, accepted position as associate professor of anatomy, University of Toronto. Francis B. Gordon, professor of bacteriology, accepted position as chief of Division of Medical and Veterinary Bacteriology at Camp Detrick. Katherine Eileen Hite, assistant professor, bacteriology, accepted a residency in medicine at Woodlawn Hospital, Chicago. Melvin H. Knisely, associate professor of anatomy, accepted position as chairman of the department of anatomy, School of Medicine, State of South Carolina.

◆ ◆

University of Texas
Medical Branch

Dr. Chester N. Frazier, Edward Wigglesworth Professor of Dermatology and Syphilology at Harvard University Medical School, and director of the Dermatology Service of the Massachusetts General Hospital, has been appointed visiting professor of dermatology and syphilology. Doctor Frazier will continue to supervise special research work on the etiology of cardiovascular syphilis which was inaugurated under his direction at the Medical Branch. Doctor Frazier will also assist in the supervision of residency training in dermatology and syphilology at the John Sealy Hospital.

Columbia University, College of Physicians and Surgeons, and the Neurological Institute of New York City are cooperating with the Medical Branch in a special study of poliomyelitis. The study also includes Dr. P. R. Harrington of the Jefferson Davis Hospital, Houston. The investigation is planned for the purpose of devising satisfactory criteria for evaluating the neuromuscular status of poliomyelitis in patients. This is a necessary preliminary for a satisfactory appraisal of treatment. Clinical chemotherapeutic studies on poliomyelitis will be made by the group, with special reference to antibiotics and synthetic compounds which have been shown on experimental trial to have value against the virus of poliomyelitis. The cooperative research effort is under the direction of Dr. Murray Sanders, associate professor of bacteriology of the College of Physicians and Surgeons, Dr. C. C. Grulee, Jr., assistant professor of pediatrics and director of the Poliomyelitis Unit of the Medical Branch, and Dr. S. Korey of the Neurological Institute, New York. The group has arranged a conference for a discussion of the chemotherapy of poliomyelitis to be held under the auspices of the New York Academy of Sciences, some time in August. Dr. Wilbur A.

Selle, professor of physiology and director of the Medical Physics Laboratory of the Medical Branch, has accepted a temporary appointment for the summer in the Health Physics Division of the Oak Ridge Laboratory. Doctor Selle plans to study the use of radioactive isotopes in relation to allergic conditions.

Dr. Wendell H. Griffith, professor of biochemistry, St. Louis University Medical School, accepted appointment as professor of biochemistry and nutrition and chairman of the department.

Dr. Edgar J. Poth, professor of surgery and director of the Surgical Research Laboratory, has received a grant of $3,000 from the Upjohn Company for a special study on the action of antibiotics in promoting healing of surgical wounds.

Dr. George R. Herrmann, professor of internal medicine and director of the Cardiovascular Laboratory, has been appointed a special member of the staff of the Cardiology Institute of Mexico City. The appointment was made in order to include Doctor Herrmann in the teaching staff of the institute in the postgraduate programs being arranged for the benefit of physicians in North and South America.

Dr. Jack R. Ewalt, professor of neurophychiatry and director of the Psychopathic Hospital, has been appointed by ex-President Herbert Hoover's Commission on the reorganization of the executive branch of the federal government to survey mental hospitals operated by the government and to recommend improvements in organization and management which may increase efficiency and economy.

Friends of the late Dr. Albert O. Singleton, formerly professor of surgery, have contributed a bronze memorial plaque, containing a bas relief of Dr. Singleton. The plaque will be placed near the entrance to the Special Surgical Unit of the John Sealy Hospital which has recently been completed as a result of plans made by Doctor Singleton. The Special Surgical Unit is designed primarily for the accommodation of patients requiring plastic or neurosurgery.

Bowman Gray School of Medicine

Dr. Felda Hightower has been promoted to assistant professor of surgery in charge of general surgery. Dr. Ernest H. Yount, Jr., has been appointed instructor in internal medicine. Dr. John Carroll Wiggins has been appointed assistant in clinical medicine. Dr. Leslie M. Morris has been appointed instructor in radiology. Dr. J. Richard R. Bobb, instructor in physiology and pharmacology, has resigned to enroll at the University of Minnesota for the completion of requirements for the degree of Doctor of Philosophy.

Recent passage by Congress of the Labor-Federal Security Appropriation Bill for funds in support of Public Health Service research projects guaranteed grants totaling $18,306 for three different research projects: A grant of $4,266 to Dr. George T. Harrell, Jr., head of the department of medicine, for continuation of a study started on a Markle grant of the effect of various drugs on the permeability of membranes in infectious diseases. A grant of $5,940 jointly to Dr. David Cayer of the department of medicine and Dr. W. E. Cornatzer of the department of biochemistry for a continuation on human beings of fundamental animal studies with the use of radioactive phosphorus as tracers for study of disease processes. A third grant for $8,100 for continuation of a study of factors concerned with the development of resistance by bacteria to chemotherapy. Doctor Harrell directed this study last year, and Dr. Manson Meads has been appointed as co-director of the project for this year.

The department of pediatrics and the department of physiology and pharmacology also received another grant, totaling $11,430, from the National Foundation for Infantile Paralysis for continuance and broadening of a study which employs the use of embryonated chicken eggs in the growth of vital and rickettsial agents.

Dr. W. E. Cornatzer, assistant professor of biochemistry; Dr. J. Maxwell Little, associate professor of physiology

and pharmacology; and Dr. Ernest Yount, instructor in internal medicine, left August 1 for Oak Ridge, Tenn., to attend a four weeks' course in the techniques of using radioisotopes in research. The course is part of the fellowship program developed by the division of biology and medicine of the Atomic Energy Commission to train leaders in the future development of medical and biological education in the atomic energy field where a serious shortage of trained personnel now exists. The personnel attending the radioisotope school will direct the training of those chosen for fellowships under the program.

Doctor Yount and Dr. Marjorie Swanson, department of biochemistry, attended a course in technical methods of atomic energy research during July at Brookhaven National Laboratory, Long Island, N. Y. Dr. George T. Harrell, head of the department of medicine, and Dr. Camillo Artom, head of the department of biochemistry, attended the last week of the Brookhaven course.

◆ ◆

Wayne University
College of Medicine

Dr. Charles S. Stevenson has been selected professor of obstetrics and gynecology and chairman of the department. Doctor Stevenson received his M.D. from Johns Hopkins in 1934, and was on the staff of Johns Hopkins University until 1939. He was a Lt. Comdr. USNR, on active duty from 1943 until May, 1946. Since his return from military service he has been connected with Boston Lying-In Hospital and Harvard Medical School.

Dr. Walter H. Seegers, A.B., M.S., Ph.D., has been made chairman of the combined departments of physiology and pharmacology.

Dr. Victor A. Drill, B.S., M.D., Ph.D., recently assistant professor of pharmacology at Yale University, has become professor of pharmacology.

Dr. Harry W. Hays, B.S., M.A., Ph.D., has been appointed associate professor of pharmacology.

The following United States Public Health Service grants have been renewed for the fiscal year beginning July 1, 1948: $12,300 for research in prothrombin and thrombin, under the direction of Dr. Walter H. Seegers, professor of physiology; $8,500 for intestinal obstruction research, under the direction of Dr. Rudolf J. Noer, associate professor of surgery; $12,000 for research in physiological processes in movable joints and associated structures, under the direction of Dr. Ernest D. Gardner, assistant professor of anatomy. From the U. S. Public Health Service came the renewal of a grant for the period ending February 28, 1949: $5,100 for cardiovascular research under the direction of Dr. Gordon B. Myers, professor of medicine.

The Upjohn Company gave a renewal of $1,550, for research in blood volume, under the direction of Dr. Samuel Jacobson, assistant professor of medicine. A private grant of $500 is a renewal of research being conducted under the direction of the department of anatomy.

◆ ◆

Northwestern University
Medical School

The Illinois Federation of Women's Clubs has renewed its grant of $2,000 annually to the pathology department for cancer research. The women's organization originated the grant several years ago.

A gift of $70,000 was received from Sterling Morton of Lake Forest, chairman of the board of the Morton Salt Company. Mr. Morton, who is past president of the Illinois Manufacturers Association, placed no restriction on the gift. It is expected that the trustees will add the sum to the fund of more than $2,200,000 bequeathed to Northwestern in 1940 by Mr. Morton's stepmother, the late Mrs. Joy Morton. Terms of Mrs. Morton's will provided that the bequest be used for medical research and for the erection and endowment of the Morton Memorial Hospital, which the university plans to build as a unit of its developing medical center on the Chicago

campus. Construction of the hospital has been delayed by abnormally high building costs.

The Northwestern University Medical School's poliomyelitis team is on call to aid polio-stricken communities anywhere in the United States. Headed by Dr. Emil D. W. Hauser, assistant professor of bone and joint surgery, the crew is assigned to duty and its expenses paid by the National Foundation for Infantile Paralysis. This is the crew's fourth summer of duty. Last year it served in Boise, Ida., and before that in Rockford and Peoria, Ill. Functions of the team include medical consultation to doctors of the community; teaching local hospital nurses bed posture for patients and the administration of hot packs; and instruction in physical therapy techniques of muscle re-education, and general functional exercises. The crew is prepared to stay on duty up to six weeks until its work in organization, teaching and medical assistance is completed. After that, the assistant orthopedist in the team remains in the stricken community as long as he is needed. Members of Northwestern's 1948 team, in addition to Doctor Hauser, are Dr. Arthur F. Abt, associate professor of pediatrics; Dr. E. J. Cummins, orthopedist; Miss Meredith Nordschow, instructor in physical medicine; Miss Anne Prochaska, chief physical therapist; and the Misses Bernice Gotaas and Lucille Kurzawa, physical therapists.

✣ ✣

Indiana University
School of Medicine

The administrative reorganization program proposed by Dean Van Nuys is nearing completion with the appointment of full time heads of the Department of Surgery and the new Department of Obstetrics and Gynecology. Dr. Harris B. Shumacker, Jr., M.D., has been appointed professor and chairman of the Department of Surgery. Doctor Shumacker, formerly associate professor of surgery at Yale University Medical School, assumed his new post on July 1st. Dr. Carl P. Huber, M.D., a member of the staff for the past ten years, has been named chairman of the Department of Obstetrics and Gynecology with the rank of professor.

Two major construction projects have been approved for the Indiana University Medical Center (Indianapolis) including expansion of the Department of Radiology and erection of a research wing to the James Whitcomb Riley Hospital for Children. The addition to the Department of Radiology will add 5,600 square feet of floor space and has been designed with the latest safeguards for the use of radioactive materials as well as x-ray. The research wing, for which the state has allocated several hundred thousand dollars, will provide laboratories for research into children's diseases. The Riley Memorial Association has approved a grant of $250,000 in support of the research period over a period of five years.

Two new postgraduate courses for practicing physicians have been added to the calendar of the School of Medicine. Both courses will continue over a five day period and will be of the "refresher" type with enrollment in each limited to 30 physicians. A five day course in obstetrics and gynecology will open Monday, November 8, followed on November 15 by a five day course in diseases of children. Applications for admission are already being received. In addition a two day course for physicians in general practice will be held by the school on September 29-30 and a course in malignant diseases will be staged. The school's regular summer postgraduate course in basic sciences opened July 6 and continued for six weeks.

The three scholastic leaders in the 1948 graduating class of the School of Medicine have been awarded medals by the Indiana State Medical Association, inaugurating a plan for annual recognition of the three graduates with the best scholastic records. Recipients this year were: Gold medal to Dr. Richard A. Theye, Fort Wayne, Indiana, now interning at the I. U. Medical Center;

silver medal to Dr. Martin H. Wortzel, Newark, N. J., now interning at Beth Isreal Hospital in Newark; and bronze medal to Dr. Max E. Chervin, Philadelphia, intern at Michael Reese Hospital, Chicago.

✦ ✦

University of Buffalo
School of Medicine

Dr. Stuart L. Vaughan has been promoted to clinical professor of pathology in the department of medicine. Dr. Berwyn F. Mattison, health commissioner of Erie County, has been appointed assistant professor of public health and preventive medicine.

A contribution of $10,000 for arthritis research has been made by the Weed Foundation. The fund has been granted to Dr. Maxwell Lockie, professor of therapeutics, and will be used by Doctor Lockie, Dr. John H. Talbott, professor of medicine, and other members of the Arthritis Clinic of the Buffalo General Hospital. The Weed Foundation made the grant in memory of Shelton Weed, former president of Weed & Company, who during his lifetime expressed the hope that funds would be allocated for arthritis research here. The Foundation was established in 1942 by Mr. Weed primarily for the care of sick and needy employees of Weed & Company, with provision that any funds above that would be used for philanthropic purposes in Erie County. Under the grant, a research fellowship will be held by Dr. Bernard M. Norcross, who will study problems in the treatment of joint diseases, especially rheumatoid arthritis, and less common types of rheumatism.

Drs. Harold M. Robins and Clyde W. George, members of the Arthritis Clinic, and Drs. Warren R. Montgomery, George E. Miller and Charles W. Bishop will participate in the studies under the grant. The hospital's recently completed research laboratory will provide extensive biochemical and physiologic facilities for the studies. The project will tie in closely with the recent grant of the National Institute of Health to the medical school for the study of gout and related problems of uric acid metabolism.

✦ ✦

Yale University
School of Medicine

Appointments and promotions: Dr. Thomas R. Forbes, assistant professor of anatomy, becomes assistant dean in charge of student affairs, succeeding Donald H. Barron, Ph.D., associate professor of physiology. Those promoted to associate professorships include Drs. John R. Brobeck, physiology; Clement C. Clay, hospital administration, and Frederick C. Redlich, department of psychiatry and mental hygiene. Assistant professors include: Drs. Helen R. Gilmore, who will be in charge of the psychiatric inpatient clinic; William W. Engstrom and Henry D. Hoberman, medicine; Arnold H. Janzen, radiology, and Dorothy M. Horstmann, preventive medicine. Dr. Leonell C. Strong, research associate in anatomy, was promoted to the rank of professor.

Clinical appointments include: Drs. Aloys G. Ansprenger, assistant clinical professor of radiology; James M. Cunningham, lecturer in psychiatry and mental hygiene, promoted to the rank of associate clinical professor; Gideon K. de Forest, assistant clinical professor of medicine; Russell V. Fuldner, lecturer in anatomy and assistant clinical professor of orthopedic surgery; Mildred H. January, assistant clinical professor of pediatrics and psychiatry and mental hygiene, and Bernard L. Kartin, assistant clinical professor of medicine.

✦ ✦

University of Pennsylvania
School of Medicine

Dr. Alfred N. Richards, professor emeritus of pharmacology who retired July 1 as vice president in charge of medical affairs, and Dr. Detlev W. Bronk, medical director of the Johnson Foundation and professor of biophysics at the university, were decorated recently with the Order of the British Empire.

At the ceremonies, which took place at the British Embassy, Washington, D. C., Doctor Richards was decorated for his leadership as chairman of the Committee on Medical Research of the Office of Scientific Research and Development. Doctor Bronk received the honor "in recognition of his many outstanding contributions to the allied war effort." Dr. Harold G. Scheie, assistant professor of ophthalmology, and Dr. Henry C. Bazett, professor of physiology at the university, received the same decoration on earlier dates.

Plans for a $10,000,000 medical center at the University of Pennsylvania Medical School and Hospital have been announced. The medical center will include a nine story outpatient building, an eleven story inpatient building and a nine story nurses' home to be built at an estimated cost of $8,500,000. An additional $1,500,000 will be required by the department of medicine to support teaching and research. A conditional contribution of $1,000,000 from the Donner Foundation, Inc., will go toward the construction of a group diagnostic outpatient clinic, provided the university starts construction on the building by May, 1949. The campaign for the medical center is part of a $22,000,000 development program for the university, covering eleven of its schools and departments.

✦ ✦

University of Kansas
School of Medicine

Dr. Lawrence W. Slanetz, Ph.D., has been appointed professor and head of the department of bacteriology to succeed Dr. Noble Sherwood, a member of the faculty for 30 years. He will continue to teach.

Appointments: Robert E. Stowell, professor of pathology and oncology and head of the department of oncology; Eldred W. Thiehoff, professor of public health and preventive medicine and head of the department.

Promotions: Buford G. Hamilton, clinical professor of obstetrics and gynecology; Ferdinand C. Helwig, clinical professor of pathology and oncology; Laverne W. Spake, clinical professor of otorhinolaryngology; William C. Young, professor of anatomy; Tom R. Hamilton, associate professor of pathology and oncology; Russell C. M. Mills, associate professor of biochemistry; Paul W. Schafer, associate professor of surgery and oncology; Ward W. Summerville, associate professor of pathology and oncology; Max S. Allen, assistant professor of medicine; M. L. Bills and G. L. Harrington, associate professor of psychiatry and neurology; David W. Robinson, associate professor of surgery and oncology.

Dr. Lewis G. Allen, professor of clinical roentgenology, died May 28.

✦ ✦

Medical College of Virginia

A Department of Legal Medicine has been added to the school's curriculum, effective at the beginning of the school term this year. Under the direction of Dr. Herbert Stewart Breyfogle, Chief Medical Examiner of Virginia, the new department will offer courses in the field of medicine, as it relates to the collection of scientific evidence for the administration of civil and criminal law, including murder, suicide, accident, workmen's compensation, civil cases and all problems that face a coroner. It will also engage in research and offer postgraduate work to physicians. The first research problem to be undertaken will be a study of the role of injury as a cause of cancer. The Board of Visitors has authorized the inauguration of a course to train hospital administrators. Mr. C. P. Cardwell, Jr., director of the hospital division of the college, is developing the course of study. The new course is being offered to meet the increase in demand for trained hospital administrators. It is expected that it will begin by October of this year.

The college has received $27,400 from the Commonwealth Fund to promote the regional hospital program. The American Tobacco Co. donated $15,000 for research.

University of Arkansas
School of Medicine

Dr. Carl E. Duffy, associate professor of bacteriology of Wayne University School of Medicine, has been appointed professor and head of the Department of Bacteriology and Parasitology. He will succeed Dr. James T. Culbertson, who has recently accepted a position with the National Institute of Health, Bethesda, Maryland. James H. Growden, M.D., assistant professor of surgery, has been appointed associate professor and acting head of the Department of Oncology which was recently established with the aid of a grant of $21,000 from the National Institute of Health. Dr. Harry J. Clausen, formerly associate professor of anatomy at the University of Colorado School of Medicine, and now professor of anatomy at Loyola University School of Dentistry, New Orleans, has accepted the post of associate professor of anatomy. James S. Dinning, Ph.D., has been appointed assistant professor of biochemistry.

◆ ◆

Jefferson Medical College

Dr. Peter A. Herbut has been promoted to a professorship in pathology, succeeding Dr. Virgil Holland Moon, who is retiring at the end of this school year.

Dr. George Allen Bennett has been promoted to professor in anatomy and director of the Daniel Baugh Institute of Anatomy, succeeding Dr. J. Parsons Schaeffer, who retires at the end of this school year, June, 1948. Dr. Clarence S. Livingwood has been appointed professor in dermatology. He succeeds Dr. Frank Crozer Knowles whose retirement becomes effective at the end of the school year. Dr. Arno E. Town, clinical professor of ophthalmology, New York University, has been appointed professor of ophthalmology. Promotions: Dr. Joseph O. Crider to professor of physiology; Dr. Nicholas A. Michals to professor of anatomy; Dr. Andrew J. Ramsey, to professor of histology and embryology.

New York University
College of Medicine

Dr. Edward D. Palmes has been appointed assistant professor of preventive medicine and assigned to the Laboratory of Industrial Toxicology, initial unit of the Institute of Industrial Medicine. Doctor Palmes was formerly with the National Institute of Health, Division of Industrial Hygiene, at Bethesda, Maryland, where he conducted research in the toxicology of beryllium and tungsten. During World War II, he was with the Armored Medical Research Laboratory at Ft. Knox, Kentucky, where he conducted research on the definition and methods of reduction of chemical hazards to which soldiers are exposed. He later continued research on human thermal balance at Ft. Knox.

Dr. George G. Deaver, professor of clinical rehabilitation and physical medicine, was awarded the Medal of Merit by President Harry S. Truman for "his pioneer work in the field of rehabilitation."

◆ ◆

University of Mississippi
School of Medicine

Grants totaling $29,590 have been awarded to the school. Dr. Arthur C. Guyton, chairman, department of experimental medicine, received $16,000 from the Chemical Corps of the Department of the Army for a study of dust particles in the air and $4,000 from the National Foundation for Infantile Paralysis for a study of the basic physiology of pain in poliomyelitis. Sigwin B. Raska, Ph.D., assistant professor of pharmacology, was given $3,900 by the American Life Insurance Medical Research Fund for research on "Metabolism of the Kidney in Renal Hypertension." The Cancer Control Branch of the National Advisory Cancer Council awarded Dr. John D. Reese, chairman of the department of pathology, $5,000 as a cancer teaching service grant for coordination and improvement of instruction in the field of neoplastic disease.

Loyola University Stritch School of Medicine

This is the new name of this school, honoring Cardinal Stritch whose interest in the medical school has merited this recognition. The school has received a gift of 7½ acres on which to build a new laboratory building in the West Side Medical Center and an income of an endowment of at least $50,000 a year for operation of the college. Dr. Frank Lewis was the donor. Dr. Einar Leifson has been appointed professor and chairman of the department of bacteriology; Dr. Martin B. Williamson, biochemistry; Leslie A. Emmert and Harold D. Fish, anatomy; Dr. Rocco Serritella and Dr. Edward T. Wilson, urology; Dr. John M. Dudek, Gould A. Andrews, Jr., Albert G. Denten, Chas. W. Pfister and Walter J. Kawula, medicine; Dr. Geo. Stanton, neuropsychiatry and Dr. Fred R. Schwartz, dermatology.

✣ ✣

Louisiana State University School of Medicine

G. John Buddingh, formerly professor of bacteriology, Vanderbilt University School of Medicine, Nashville, Tenn., has been appointed professor of microbiology. Other recent appointments to the full time faculty include: Ruth A. Miller, formerly of Johns Hopkins University School of Medicine, Baltimore, as assistant professor of anatomy; William J. Obrinsky, New York, instructor in pediatrics; Thomas Hernandez, New Orleans, instructor in biochemistry; Irving M. Essrig, New Orleans, instructor in surgery; Jack G. Miller, New Orleans, instructor in obstetrics and gynecology.

✣ ✣

George Washington University School of Medicine

The George Washington University Hospital has received a grant for $1,000 for the hospitalizing of patients suffering from intractable asthma. The grant was made by the Marcelle Fleischmann Foundation, Inc., of Baltimore, Md. The fund will be used to hospitalize patients for surgical treatment of intractable asthma.

A grant of $8,500 per year for three years for the study of chronic chest diseases has been received.

✣ ✣

West Virginia University School of Medicine

Dr. P. L. MacLachlan, professor of biochemistry and head of the department, died suddenly from a cerebral hemorrhage.

A campaign for a four year medical school in West Virginia has been launched by the state medical association. A subcommittee of two association groups which is at work comprises Drs. Thomas F. E. Bess, Keyser, president of the state medical association; Wade St. Clair, Bluefield, chairman of the council; Thomas G. Reed, Charleston, president-elect; D. A. MacGregor, Wheeling, chairman of the fact finding committee, and Frank V. Langfitt, Clarksburg, chairman of the legislative committee.

✣ ✣

Columbia University College of Physicians and Surgeons

Dr. Louis Casamagor now is professor emeritus of clinical neurology. Dr. Walter W. Palmer is Bard professor emeritus of medicine.

Columbia has received a bequest of $140,000 for medical research from the estate of the late C. Evaretta Romaine. The fund will be set up as the Dr. DeWitt C. Romaine Fellowship. Doctor Romaine, who died June 1, 1939, graduated from the College of Physicians and Surgeons in 1881.

✣ ✣

University of Washington School of Medicine

Dr. Robert H. Williams, assistant professor of medicine at Harvard Medical School, became professor and executive officer in the department of medicine.

University of South Dakota
School of Medicine

Miss Cornelia van Natten, of Rochester, N. Y., has been appointed medical librarian. A grant of $1,600 has been received from the U. S. Public Health Service for the study of new vitamins in animal and human nutrition. The work will be under the direction of Dr. Keatha K. Krueger, assistant in the department of biochemistry. Facilities for training medical technologists are now available at the Sacred Heart Hospital, Yankton, and the Sioux Valley Hospital in Sioux Falls.

Dr. Thomas E. Eyrec has been appointed student health officer of the university and professor of public health in the medical school.

✦ ✦

Baylor University
College of Medicine

New appointments: Dr. Hardy A. Kemp, late dean of Wayne University College of Medicine, professor of preventive medicine and chairman of the department; Dr. Hebbel E. Hoff of McGill University, professor and chairman of the department of physiology; Dr. Michael E. Debakey of Tulane University, professor and chairman of the department of surgery; Dr. Berne L. Newton of Yale University, assistant professor of pathology; Dr. Peter Kellaway of McGill University, associate professor of physiology and neurology. All these appointments are on a full time basis.

✦ ✦

University of Pennsylvania
Graduate School of Medicine

An outright grant of $100,000 has been made to the university by the Rockefeller Foundation for the continuing development of the research program of the department of dermatology. The grant will be used to investigate fundamental problems related to disturbances of the skin, according to Dr. Donald M. Pillsbury, professor of dermatology and syphilology and chairman of the department.

Stanford University
School of Medicine

The tenth series of postgraduate medical courses will be given September 6-10. The registration fee is $50. Applications should be made to the dean of the school.

Alumnae of the Upsilon chapter of the Delta Gamma Sorority of Stanford University have presented the university $41,000 for a fellowship in ophthalmology.

✦ ✦

Medical College of the
State of South Carolina

Melvin H. Knisely, Ph.D., associate professor of anatomy at the University of Chicago School of Medicine, became head of the department of anatomy. He succeeds Dr. Arthur M. Lassek, who left to go to the Boston University School of Medicine to continue research on the brain.

✦ ✦

University of Wisconsin
Medical School

A symposium on the chemistry, metabolism and biological effects of steroid hormones will be held on the campus September 6-7, under the auspices of the university and the National Research Council and the Committee on Growth acting for the American Cancer Society.

✦ ✦

University of Minnesota
Medical School

Dr. Jerome T. Syvertsen, professor of microbiology, Louisiana State University School of Medicine, has been appointed professor and head of the department of bacteriology and immunology at Minnesota.

✦ ✦

University of Colorado
School of Medicine

The Surgeon General of the U. S. Army has given a grant of $38,301 for a three year research on thirst under the direction of Dr. Joseph H. Holmes, associate professor of medicine.

General News

Medical Officer for St. Elizabeth's Hospital, Washington, D. C.

The U. S. Civil Service Commission has announced an examination for filling Medical Officer (Rotating Intern and Psychiatric Resident) positions in St. Elizabeth's Hospital, Washington, D. C.

Medical Officers (Rotating Intern) are paid $2,200 for the first year and $2,400 for the second year. Medical Officers (Psychiatric Resident) are paid from $2,400 to $4,100 a year, depending upon the amount of approved postgraduate training the applicant has completed. Appointments are open for July 1, 1949. Internships consist of two years of rotating service, and Psychiatric Residencies consist of one to three years in psychiatry. To qualify for internships applicants must be third or fourth year students in an approved medical school; however, they may not enter on duty until they have successfully completed the full course of study. Applicants for psychiatric residencies must be graduates of an approved medical school, with the degree of doctor of medicine, and, in addition, they must have completed an approved internship or must now be serving such an internship. No written test is required for the medical officer positions. Details about the requirements are given in the examination announcement.

Interested persons may secure information and application forms from the U. S. Civil Service Commission, Washington 25, D. C., from most first- and second-class post offices, and from Civil Service regional offices. Applications will be accepted until further notice in the Commission's Washington office.

◆ ◆

Research Fellowships—
The American College of Physicians

The American College of Physicians announces that a limited number of Fellowships in Medicine will be available from July 1, 1949 - June 30, 1950. These Fellowships are designed to provide an opportunity for research training either in the basic medical sciences or in the application of these sciences to clinical investigation. They are for the benefit of physicians who are in the early stages of their preparation for a teaching and investigative career in Internal Medicine. Assurance must be provided that the applicant will be acceptable in the laboratory or clinic of his choice and that he will be provided with the facilities necessary for the proper pursuit of his work. The stipend will be from $2,200 to $3,200.

Application forms will be supplied on request to The American College of Physicians, 4200 Pine Street, Philadelphia 4, Pa., and must be submitted in duplicate not later than November 1, 1948. Announcement of the awards will be made as promptly as is possible.

Book News

Clinical Laboratory Methods and Diagnosis: A Textbook on Laboratory Procedures with Their Interpretation

By R. B. H. Gradwohl, M.D., Director of the Gradwohl Laboratories and Gradwohl School of Laboratory Technique. Ed. 4. In 3 volumes. The C. V. Mosby Company, St. Louis. 1948. Price, $40.

This new edition has been greatly expanded so that it contains 55% more text matter and 51% more illustrative material. Almost every section has been enlarged. This edition contains 62 more pages on blood chemistry; 40 more pages on urine analysis; 56 additional pages on hematology; 151 more pages on bacteriologic application to clinical diagnosis; 49 more pages on toxicologic technic. An entirely new chapter on electrocardiography has also been added. The section on parasitology and tropical medicine has been expanded to 820 pages and is included in a volume by itself. The three volumes contain approximately 3,300 pages, 1,100 illustrations, and 56 color plates. Therefore, these three volumes give a complete and most authoritative coverage of laboratory diagnosis and technic which workers in that field will find most useful.

◆ ◆

Bright's Disease

By Henry A. Christian, M.D., Hersey Professor of the Theory and Practice of Physic, Emeritus, Harvard University. Oxford University Press, New York. 1948. Price, $9.

The author's interest in diseases of the kidney extends over a period of nearly half a century. It has been a subject of intense study with him. In this book is recorded what he has learned and what he thinks about diseases of the kidney. His concepts are the basis of a simple classification made by him. It emphasizes clinical rather than pathological anatomical criteria of separation and only indirectly concerns itself with etiology. While not ideal, it has the advantage of clinical use and foretells with considerable accuracy how the disease will progress.

◆ ◆

Principle and Practice of the Rorschach Personality Test

By W. Mons. J. B. Lippincott Company, Philadelphia. 1948. Price, $4.

A splendid exposition of this test which is used widely. In 1943, it was a topic on the program of the Association of American Medical Colleges and received favorable comment.

A Course in Practical Therapeutics

By Martin E. Rehfuss, M.D., Professor of Clinical Medicine and Sutherland M. Prevost Lecturer in Therapeutics, Jefferson Medical College; F. Kenneth Albrecht, M.D., formerly Clinical Director Marine Hospital, Baltimore, and Alison Howe Price, M.D., Assistant Professor of Medicine, Jefferson Medical College. The Williams & Wilkins Company, Baltimore. 1948. Price, $15.

A new and most unusual textbook of practical therapeutics, written by thirteen outstanding clinician-teachers, the book presents most complete coverage of treatment. Symptomatic and specific therapy are presented with literally thousands of prescriptions and specific directions on how to handle every situation a physician encounters in his practice. In addition, there are chapters filled with practical information on radiation and radioactive isotope therapy, physical therapy, psychotherapy, psychosomatic medicine, occupational therapy and rehabilitation, and industrial therapy. Pre- and post-operative care receive special attention as do pediatrics, dermatology, otorhinolaryngology, and ophthalmology. Also discussed are oxygen therapy and prophylactic medicine. The full page plates, 70 in number, are especially designed for their teaching value. Here is a book which covers the entire field of therapeutics in one volume, and contains all the information necessary to treat the patient intelligently and according to modern medical standards.

◆ ◆

Essentials of Zoology: Emphasizing Principles of Animal Biology

By Chas. Edwin Potter, Ph.D., Professor of Zoology, Agricultural and Mechanical College of Texas. Ed. 2. The C. V. Mosby Company, St. Louis. 1948. Price, $4.

Revised and brought up to date with the addition of a new section dealing with the snail and a number of condensed and pertinent tables on physiology. A good text for the premedical student.

◆ ◆

A Handbook for Dissectors

By J. C. Boileau Grant, M.D., Professor and Director of the Department of Anatomy, University of Toronto, and Professor H. A. Cates, Professor of Anatomy, University of Toronto. Ed. 3. The Williams & Wilkins Company, Baltimore. 1948. Price, $3.

Completely revised. A splendid aid in dissection.

Widening Horizons in Medical Education: A Study of the Teaching of Social and Environmental Factors in Medicine

A report of the Joint Committee of the Association of American Medical Colleges and the American Association of Medical Social Workers. Co-Chairmen: Jean A. Curran and Eleanor Cockerill. The Commonwealth Fund, New York. 1948. Price, $2.75.

The aims of this study, the first of the kind ever made, were to gather information on present day teaching of the social and environmental aspects of medicine; to analyze the data obtained; to evaluate the methods of instruction and to offer recommendations. There is so much of value in this report that space forbids setting forth what every medical educator should know. Only careful reading and study can carry the message contained in these pages. The report is an excellent one and deserves careful consideration. It discloses which medical schools give any time to this most important subject—and there are many even though the fact has not been stressed. The committee merits the highest commendation for the splendid job it has done and for the careful thought it has given to the subject as set forth in its recommendations—which medical colleges should treasure.

◆ ◆

The Training of a Doctor: Report of the Medical Curriculum Committee of the British Medical Association

Butterworth & Company, Ltd. London, England. 1948. Price, 7s. 6d.

This report sets out suggested modifications in the aim, content and structure of the medical curriculum in view of the changing needs of medical practice. The subject is covered in great detail, consideration being given to the whole field of training from the selection of a student to his final qualification. The curriculum committee of every medical school should have a copy of this book. It can be obtained only from the publisher.

◆ ◆

Practical Bacteriology, Hematology and Parasitology

By E. R. Stitt, M.D., Rear Admiral Medical Corps and Surgeon General U. S. Navy, Retired. Paul W. Clough, M.D., in charge of the Diagnostic Clinic, Johns Hopkins Hospital, Sara E. Branham, M.D., Senior Bacteriologist National Institute of Health, and Contributors. Ed. 10. The Blakiston Company, Philadelphia. 1948. Price, $10.

Having survived for nearly 40 years and gone into 10 editions speaks well for any book. This one is no exception. The text has undergone considerable revision at the hands of many fine contributors.

Treatise on Surgical Infections

By Frank L. Meleney, M.D., Associate Professor of Clinical Surgery, College of Physicians and Surgeons, Columbia University. Oxford University Press, New York. 1948. Price, $12.

It is impossible in a brief review to touch on all of the good things contained in this book. It is the result of many years of careful and devoted study in a field that has not been covered sufficiently well until now. While it is hardly a book for the undergraduate medical student, yet he will do well to give it some attention. The size of the book could have been reduced considerably if the thousands of references to literature had been omitted. It is doubtful that any reader of such a text will ever consult the literature. Why do so many authors persist in giving such references? In all probability they did neither collect them nor even read them. To do so would take a life time and leave no time for writing the book. To show familiarity with the subject? Questionable because if the author were not familiar with his subject he would not have written the book. Some one looks up the literature references at so much per hour. The author, no doubt, writes the book. In the present instance, the text is mostly new and of the author's making, being based on his long experience. Unfortunately, that cannot be said of all textbooks.

◆ ◆

Essentials of Public Health

By William P. Sheppard, M.D., with the collaboration of Charles Edward Smith, M.D., Rodney Y. Beard, M.D., and Leon B. Reynolds, A.B., with a foreword by Ray Lyman Wilbur, M.D., Chancellor, Stanford University. J. B. Lippincott Company, Philadelphia. 1948. Price, $5.

Gives terse explanations of the purposes and methods of public health work; brief descriptions of the various health agencies both official and voluntary, with which the physician has to deal and points out his legal and moral responsibility to them; complete discussions of the biology of infectious diseases, control measures and immunizing agents. An excellent book.

◆ ◆

Major Endocrine Disorders

By S. Leonard Simpson, M.D., Physician Willesden General Hospital in charge of Diabetic and Endocrine Clinics. Ed. 2. Oxford University Press, New York. 1948. Price, $14.

Completely revised with a carefully selected bibliography added. The author's extensive experience in this field makes this an authoritative text.

Diseases of the Ear, Nose and Throat

By William Wallace Morrison, M.D., Professor of Otolaryngology, New York Policlinic Medical School. Appleton-Century-Crofts, Inc., New York. 1948. Price, $8.50.

For the undergraduate medical student as well as for the general practitioner; based on 23 years of active teaching. The first section deals with taking of the history; equipment necessary; use of local anesthetic drugs and vasoconstrictor medication; local and general anesthesia. Following sections deal with surgical anatomy, physiology of parts concerned; etiology of disease; pathology; symptoms and signs. Emphasis is placed on physical examination. Treatment is discussed concisely and clearly. The illustrations, of which there are nearly 400, were drawn by the author.

✦ ✦

Outline of Physiology

By William R. Amberson, Ph.D., Professor of Physiology, and Dietrich C. Smith, Ph.D., Associate Professor of Physiology, University of Maryland. Ed. 2. The Williams & Wilkins Company, Baltimore. 1948. Price, $5.

Should be a favorite with students. It is concise, yet complete; easily read—double columns—much of the text rewritten with new text on central nervous system, circulation, emdocrines and reproduction, catalysis and enzymes, vitamins, sensation and heart.

✦ ✦

Clinical Ophthalmology: For General Practitioners and Students

By H. M. Traquair, M.D., Late Lecturer on Diseases of the Eye, University of Edinburgh. The C. V. Mosby Company, St. Louis. 1948. Price, $9.00.

Deals only with more common conditions; omits examination of fundus oculi; emphasizes complaints and symptoms of the patient. It does not deal with special training in this field; merely points the way.

✦ ✦

Handbook of Ophthalmology

By Everett Goar, M.D., Professor of Ophthalmology, Baylor University College of Medicine. The C. V. Mosby Company, St. Louis. 1948. Price, $5.50.

Presents only the essentials which every medical student should know; based on the author's lectures.

✦ ✦

Recent Advances in Surgery

Harold Edwards, M.S., Lecturer in Surgery, King's College Hospital, London. Ed. 3. The Blakiston Company, Philadelphia. 1948. Price, $6.50.

A book for the surgeon and specialist.

Subacute Bacterial Endocarditis

By Emanuel Libman, M.D., Late Consulting Physician, and Charles K. Friedberg, M.D., Adjunct Physician, Mount Sinai Hospital, New York City. Edited by Henry Christian, M.D. Oxford University Press, New York. 1948. Price, $3.50.

Complete coverage of the subject.

✦ ✦

Arterial Hypertension

By David Ayman, M.D., Instructor in Medicine, Tufts College Medical School. Edited by Henry A. Christian, M.D. Oxford University Press, New York. 1948. Price, $2.50.

Complete coverage of the subject.

✦ ✦

Handbook of Practical Bacteriology: A Guide to Bacteriological Laboratory Work

By T. J. Mackie, M.D., Professor of Bacteriology, University of Edinburgh, and J. E. McCartney, M.D., Lecturer in Bacteriology, University of Edinburgh. Ed. 8. The Williams & Wilkins Company, Baltimore. 1948. Price, $7.

Revised and brought up to date.

✦ ✦

Chemistry in Nursing

By Raymond E. Neal, Associate Professor of Chemistry, Simmons College. McGraw-Hill Book Company, New York. 1948. Price, $4.

Presenting the inorganic and organic chemistry which the student nurse will need as a foundation for further studies and professional practice.

✦ ✦

Medical Writing: The Technic and the Art

By Morris Fishbein, M.D., Editor the Journal of the American Medical Association, with the assistance of Jewel F. Whelan, Assistant to the Editor. Ed. 2. The Blakiston Company, Philadelphia. 1948.

A must for him who would write a paper or a book.

✦ ✦

General Endocrinology

By C. Donnell Turner, Ph.D., Associate Professor of Zoology, Northwestern University. W. B. Saunders Company, Philadelphia. 1948. Price, $6.75.

A complete description of the course in this subject given to the zoology students at Northwestern. The subject matter is approached from an experimental rather than a clinical point of view.

Introduction to Physiology

By W. H. Newton, M.D., Holt Professor of Physiology, The University, Liverpool. The Williams & Wilkins Company, Baltimore. 1948.

The title of the book covers the contents.

◆ ◆

Rural Health and Medical Care

By Frederick D. Mott, M.D., and Milton H. Roemer, M.D. McGraw-Hill Book Company, New York. 1948. Price, $6.50.

An integrated story of health conditions, medical resources and services, and organized efforts for health improvement in rural areas, with recommendations for future action which merit careful study.

◆ ◆

Essentials of College Chemistry

By G. H. Whiteford, Ph.D., and R. G. Coffin, M.S., Associate Professor of Chemistry, Emeritus Professor Colorado A. and M. College. Ed. 3. The C. V. Mosby Company, St. Louis. 1948. Price, $4.75.

Fundamentals of chemistry presented in excellent fashion for the college student.

Recent Advances in Anaesthesia and Analgesia

By C. Langdon Hewer, M.B., Senior Anesthetist St. Bartholomew's Hospital. Ed. 6. The Blakiston Company, Philadelphia. 1948. Price, $6.

As the title of the book indicates, all recent advances in anesthesia are discussed with great care; and wherever called for, new material has been added. A very handy book to have for reference. But why, in a small book of this sort, include so many bibliographic references?

◆ ◆

Recent Advances in Obstetrics and Gynaecology

By Aleck W. Bourne, M.B., Obstetric Surgeon to St. Mary's Hospital, and Leslie H. Williams, M.D., Obstetric Surgeon to In-Patients, St. Mary's Hospital. Ed. 7. The Blakiston Company, Philadelphia. 1948. Price, $6.

Rewritten with the addition of much new material. A handy book for the student.

New (25th) Edition — Just Ready

GRAY'S ANATOMY

OF THE HUMAN BODY

By HENRY GRAY, F.R.S.

Edited by CHARLES MAYO GOSS, M.D.
Professor and Head of Department of Anatomy
Louisiana State University, New Orleans

Gray's Anatomy of the Human Body—the greatest of all textbooks on the subject—is now ready in a thoroughly revised and fully up-to-date *New (25th) Edition.* In editing this classic work, Dr. Goss has made extensive changes in the sections on musclees and fasciae and to a lesser extent in many other portions of the book.

The famous illustrations, most of which are in color, have been augmented by many newly drawn figures. As a text for medical students and as a reference for physicians and surgeons, Gray's Anatomy has been unequalled for almost a century.

1478 Pages, 1263 Illustrations, Mostly in Color. $14.00

Washington Square **LEA & FEBIGER** Philadelphia 6, Pa.